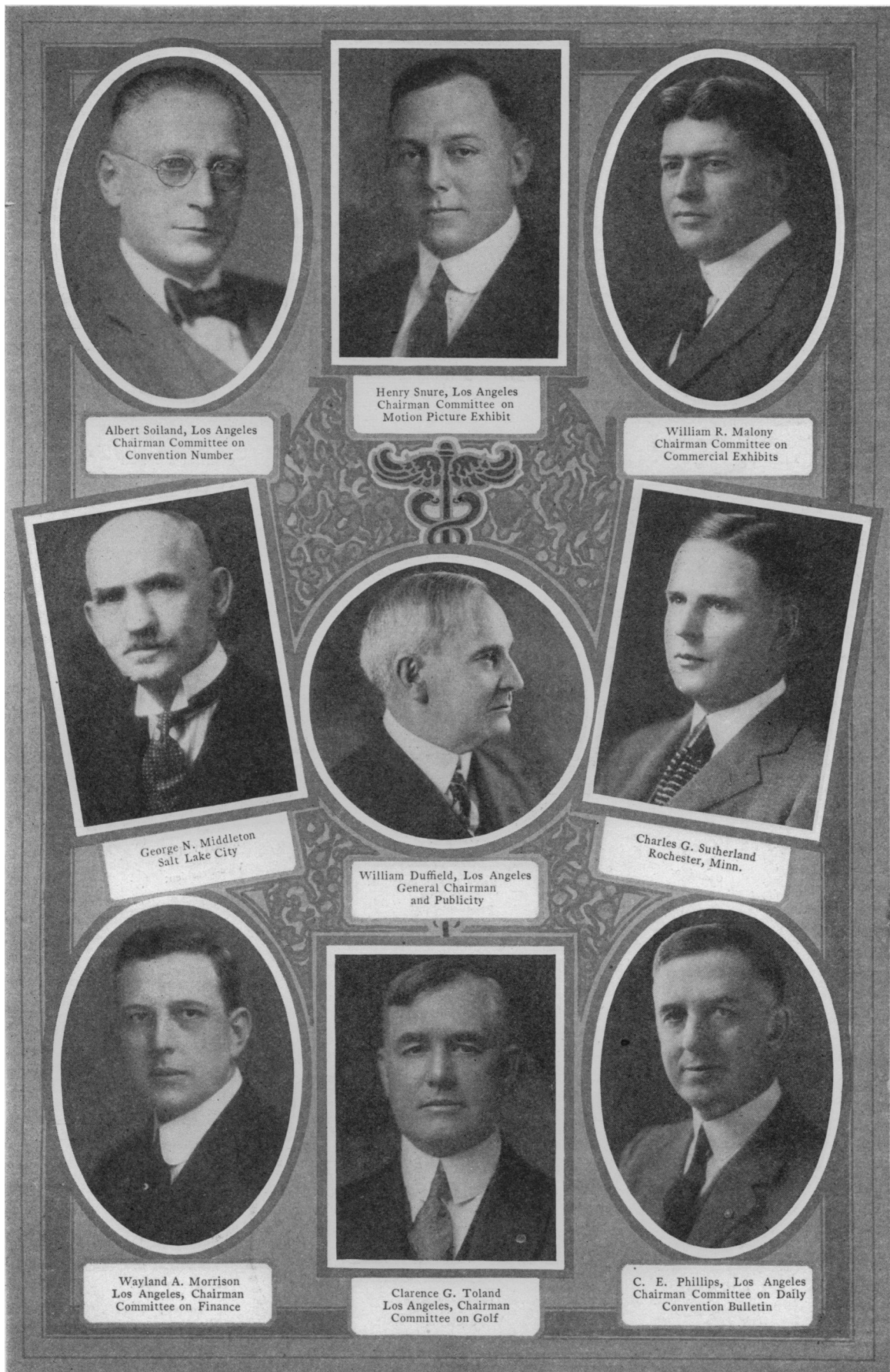


## INVITED SPEAKERS



COMMITTEE OF ARRANGEMENTS AND INVITED SPEAKERS





OFFICERS CALIFORNIA MEDICAL ASSOCIATION

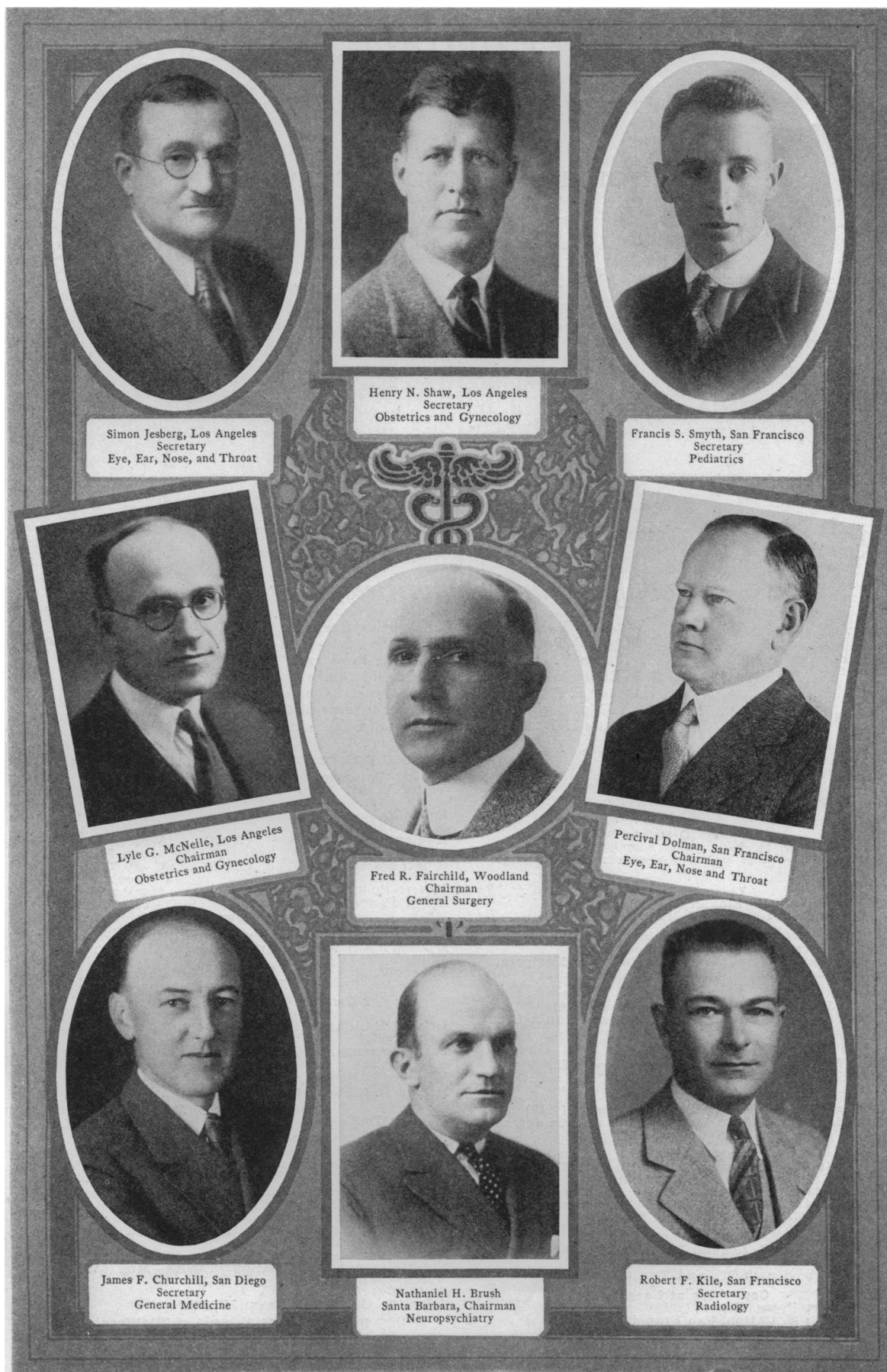


OFFICERS CALIFORNIA MEDICAL ASSOCIATION





## SECTION OFFICERS



SECTION OFFICERS



# Program

## THE FIFTY-SIXTH ANNUAL SESSION of the CALIFORNIA MEDICAL ASSOCIATION

TO BE HELD  
at  
LOS ANGELES,  
CALIFORNIA



APRIL  
25, 26, 27, 28,  
1927

LOS ANGELES BILTMORE  
Headquarters for Meeting of California Medical Association

### *Officers and Committees, 1927*

WILLIAM T. MCARTHUR, Los Angeles, President  
PERCY T. PHILLIPS, Santa Cruz, President-Elect  
ROBERT V. DAY, Los Angeles, Vice-President  
EMMA W. POPE, San Francisco, Secretary  
HARTLEY F. PEART, San Francisco, General Counsel  
HUBERT T. MORROW, Los Angeles, Assistant General Counsel  
WILLIAM H. BARRY, Superintendent of Publications

#### COUNCILORS

**First District**  
Lyell C. Kinney, San Diego (1927)  
San Diego, Riverside, San Bernardino, and Imperial Counties

**Second District**  
William H. Kiger, Los Angeles (1929)  
Los Angeles, Santa Barbara, Ventura, and Orange Counties

**Third District**  
William H. Bingaman, Salinas (1929)  
San Luis Obispo and Monterey Counties

**Fourth District**  
Fred R. DeLappe, Modesto (1928)  
Fresno, Kern, Kings, Tuolumne, Merced, Mariposa, Madera, Tulare, and Stanislaus Counties

**Fifth District**  
John Hunt Shephard, San Jose (1929)  
Santa Clara, San Mateo, San Benito, and Santa Cruz Counties

**Sixth District**  
Walter B. Coffey, San Francisco (1929)  
San Francisco County

**Seventh District**  
Oliver D. Hamlin, Oakland, Chairman (1929)  
Alameda, Contra Costa, San Joaquin, and Calaveras Counties

**Eighth District**  
Junius B. Harris, Sacramento (1928)  
Sacramento, Amador, El Dorado, Alpine, Placer, Nevada, Yuba, Sutter, Sierra, Yolo, Butte, Plumas, Lassen, Mono, Inyo, Glenn, Colusa, Tehama, Shasta, Modoc, and Siskiyou Counties

**Ninth District**  
Henry S. Rogers, Petaluma (1929)  
Marin, Sonoma, Lake, Mendocino, Solano, Napa, Del Norte, Humboldt, and Trinity Counties

**Councilors at Large**  
Robert Peers, Colfax (1928)  
Joseph H. Catton, San Francisco (1929)  
George H. Kress, Los Angeles (1929)  
Harlan Shoemaker, Los Angeles (1929)  
Morton R. Gibbons, San Francisco (1927)  
Charles L. Curtiss, Redlands (1929)

#### DELEGATES AND ALTERNATES TO A. M. A.

Delegates		Alternates
Victor Veckl	(1928)	William E. Stevens
San Francisco		San Francisco
Percy T. Magan	(1928)	Charles D. Lockwood
Los Angeles		Pasadena
Dudley Smith	(1927)	Walter B. Coffey
Oakland		San Francisco
Albert Solland	(1927)	C. P. Thomas,
Los Angeles		Los Angeles
Robert Pollock	(1927)	Martha Welpton,
San Diego		San Diego

#### COMMITTEES

**Executive Committee**  
Morton R. Gibbons, Chairman  
William T. McArthur  
Robert V. Day  
Emma W. Pope  
O. D. Hamlin  
Percy T. Phillips  
George H. Kress

**Committee on Scientific Program**  
Emma W. Pope, Chairman  
Lemuel P. Adams (1929)  
Oakland  
F. M. Pottenger (1927)  
Monrovia  
Joseph Catton (1928)  
San Francisco  
J. Marion Read (1928)  
San Francisco

**Auditing Committee**  
Morton R. Gibbons, Chairman  
William Duffield  
Walter B. Coffey  
George H. Kress

**Committee on Arrangements**  
William Duffield, Chairman  
George H. Kress  
Harlan Shoemaker  
William H. Kiger  
Wayland Morrison  
Albert Solland

**Subcommittees**  
Finance—Wayland Morrison  
Halls and Banquet Room—William H. Kiger  
Commercial Exhibit—W. R. Molony, Chairman; James R. Conerty, Harry Martin  
Entertainment—George H. Kress  
Entertainment of Visiting Ladies—Mrs. William T. McArthur  
Golf—C. G. Toland  
Scientific Exhibit—William H. Kiger

**Committee on Special Issue of "California and Western Medicine"**  
Harlan Shoemaker  
George H. Kress  
W. T. McArthur  
Harry Martin  
Albert Solland

## House of Delegates

### FIRST MEETING

Music Room, Hotel Biltmore, April 25, at 8 p. m.  
Open to Members of the California Medical Association

#### ORDER OF BUSINESS

1. Call to order.
  2. Roll call.
  3. Report of President William T. McArthur.
  4. Appointment of the Reference Committee by the President.
  5. Report of the Council, Morton R. Gibbons, acting chairman (presented before the General Sessions).
  6. Report of the Committee on Scientific Program, Emma W. Pope, chairman.
  7. Report of the Auditing Committee, Morton R. Gibbons, chairman.
  8. Report of Secretary Emma W. Pope.
  9. Report of the late Editor, W. E. Musgrave.
  10. Report of the General Counsel, Hartley F. Peart.
  11. Unfinished business.
  12. New business.
  13. Reading and adoption of minutes.
- Adjournment.

### HOUSE OF DELEGATES MEMBERSHIP

William T. McArthur, Los Angeles, President.  
Percy T. Phillips, Santa Cruz, President-Elect.  
Robert V. Day, Los Angeles, Vice-President.

#### COUNCILORS

Lyell C. Kinney, San Diego (1927).....First District  
William H. Kiger, Los Angeles (1929).....Second District  
William H. Bingham, Salinas (1929).....Third District  
Fred R. DeLappe, Modesto (1928).....Fourth District  
John Hunt Shephard, San Jose (1929).....Fifth District  
Walter B. Coffey, San Francisco (1929).....Sixth District  
Oliver D. Hamlin, Oakland, Chairman (1929).....Seventh District  
Junius B. Harris, Sacramento (1928).....Eighth District  
Henry S. Rogers, Petaluma (1929).....Ninth District  
Robert Peers, Colfax (1928).....At Large  
Joseph H. Catton, San Francisco (1929).....At Large  
George H. Kress, Los Angeles (1929).....At Large  
Harlan Shoemaker, Los Angeles (1929).....At Large  
Morton R. Gibbons, San Francisco (1927).....At Large  
Charles L. Curtiss, Redlands (1929).....At Large

#### DELEGATES                      ALTERNATES

<p><b>Alameda County (8)</b></p> <p>Daniel Crosby J. K. Hamilton S. V. Irwin H. B. Mehrmann C. H. Miller Gertrude Moore D. N. Richards Edward N. Ewer</p> <p><b>Butte County (1)</b></p> <p>Dan H. Moulton</p> <p><b>Contra Costa County (1)</b></p> <p>J. M. McCullough</p> <p><b>Fresno County (2)</b></p> <p>Thomas Madden Harry Craycroft</p> <p><b>Glenn County (1)</b></p> <p>George McKinnon</p> <p><b>Humboldt County (1)</b></p> <p>John N. Chain</p> <p><b>Imperial County (1)</b></p> <p>F. A. Hamlin</p> <p><b>Kern County (1)</b></p> <p>J. K. Smith</p> <p><b>Lassen-Plumas County (1)</b></p> <p>J. F. Davis</p> <p><b>Los Angeles County (30)</b></p> <p>W. Max Fearon Michael Creamer Lyle McNelle William Duffield John V. Barrow F. B. Settle C. G. Toland Albert Solland Joseph M. King W. W. Hutchinson Granville MacGowan L. D. Remington C. E. Phillips George L. Cole A. C. Germann A. B. Cooke</p>	<p>C. L. McVey George McClure Henning Koford R. T. Sutherland Frank Baxter J. W. Sherrick W. B. Allen</p> <p>Edward E. Baumeister</p> <p>L. St. John Hely</p> <p>W. G. Millholland A. E. Anderson</p> <p>John N. Chain</p> <p>J. K. Smith</p> <p>S. M. Sproat</p> <p>A. E. Belt Walter F. Wessels E. C. Fishbaugh R. S. Cummings Charles Salisbury W. H. Bucher T. J. Orblison William H. Daniel Walter A. Bayley Phil Boller J. C. Horton H. M. Voorhees C. F. Sebastian E. G. Goodrich J. N. Van Meter William Bowman</p>
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### SECOND MEETING

Music Room, Hotel Biltmore, April 27, at 8 p. m.  
Open to Members of the California Medical Association

#### ORDER OF BUSINESS

1. Call to order.
  2. Roll call.
  3. Announcement of the place of meeting, 1928.
  4. Election of officers:
    - (a) Election of president-elect.
    - (b) Election of vice-president.
    - (c) Election of councilors.
 

First District—Incumbent, Lyell C. Kinney, San Diego (1927).  
Eighth District—Incumbent, Junius B. Harris (1928).  
Councilors at Large—Incumbent, Morton R. Gibbons, San Francisco (1927).
    - (d) Election of member on Program Committee (four years)—Incumbent, F. M. Pottenger, Monrovia (1927).
    - (e) Election of Delegates and Alternates to A. M. A.—Incumbents:
  5. Report of Reference Committee.
  6. Presentation of president.
  7. Presentation of president-elect.
  8. Reading and adoption of minutes.
- Adjournment.

<p><b>Delegates</b></p> <p>Dudley Smith (1927) Oakland Albert Solland (1927) Los Angeles Robert Pollock (1927) San Diego</p>	<p><b>Alternates</b></p> <p>Walter B. Coffey San Francisco C. P. Thomas Los Angeles Martha Welpton San Diego</p>
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#### DELEGATES                      ALTERNATES

**Los Angeles County (30)—Continued**

<p>Russell Sands W. H. Gilbert F. S. Dillingham Edward W. Hayes Philip Stephens Leroy B. Sherry Fitch C. E. Mattison William A. Swim John H. Breyer James F. Percy Elmer E. Kelly Foster K. Collins Eleanor Seymour Irwin C. Sutton</p>	<p>Roy Thomas Henry Shaw William Molony W. J. McKenna Sterling Pierce C. H. Weaver John W. Crossan Paul Ferrier Raymond G. Taylor Karl Dieterle J. G. Lynch A. E. Gallant Sven Lokrantz Gerald F. Smith</p>
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**Marin County (1)**

G. M. Landrock                      J. H. Kuser

**Mendocino County (1)**

Raymond A. Babcock              Lew K. Van Allen

**Merced County (1)**

A. S. Parker                          W. E. Lilley

**Monterey County (1)**

Wylie Reeves                          Garth Parker

**Napa County (1)**

W. Oliver Moore                      George I. Dawson

**Orange County (2)**

R. A. Cushman                      Dexter R. Ball  
Harry E. Zaiser                      J. I. Clark

**Placer County (1)**

H. N. Miner                          R. H. Eveleth

**Riverside County (1)**

Thomas A. Card                      W. B. Wells

**Sacramento County (2)**

Frank Reardon                      J. Roy Jones  
Charles B. Jones                      George Foster

**San Benito County (1)**

R. W. O'Bannon                      J. M. O'Donnell

**San Bernardino County (2)**

Gayle G. Moseley                      R. S. Gibbs  
A. N. Donaldson                      F. H. Folkins

**San Diego County (4)**

John C. Yates                          T. O. Burger  
George B. Worthington              E. F. Chamberlain  
Mott H. Arnold                          D. R. Higbee  
Martha Welpton                          Lillian B. Mahan



DELEGATES	ALTERNATES
<b>San Francisco County (16)</b>	
Edmund Butler	Thomas E. Bailly
William E. Chamberlain	Gilbert M. Barrett
William R. P. Clark	LeRoy Brooks
Walter B. Coffey	John F. Cowan
Walter Scott Franklin	Randolph G. Flood
John H. Graves	Henry Harris
T. Henshaw Kelly	Samuel H. Hurwitz
Eugene S. Kilgore	Irving S. Ingber
William Palmer Lucas	Alexander S. Keenan
Alfred C. Reed	Elizabeth Keys
Fred. H. Rodenbaugh	Hans Lisser
H. A. L. Ryfkogel	Harvard McNaught
Karl L. Schaupp	A. S. Musante
I. W. Thorne	Robert R. Newell
Victor G. Veckl	Otto Westerfeld
John Homer Woolsey	Lloyd Bryan
<b>San Joaquin County (2)</b>	
Barton J. Powell	B. F. Walker
R. T. McGurk	Margaret H. Smyth
<b>San Luis Obispo (1)</b>	
Gifford L. Sobey	C. J. Teass
<b>San Mateo County (1)</b>	
W. O. Calloway	
<b>Santa Barbara County (1)</b>	
Henry Ullmann	F. R. Nuzum

DELEGATES	ALTERNATES
<b>Santa Clara County (2)</b>	
George L. Barry	Edwin M. Miller
Peter A. Jordan	Alison A. Shufelt
<b>Santa Cruz County (1)</b>	
Ambrose F. Cowden	Jessie C. Farmer
<b>Shasta County (1)</b>	
Ferdinand Stabel	Clarence E. Reed
<b>Siskiyou County (1)</b>	
S. S. Kalman	
<b>Solano County (1)</b>	
John W. Green	P. B. Fry
<b>Sonoma County (1)</b>	
J. W. Seawell	R. M. Bonar
<b>Stanislaus County (1)</b>	
C. E. Pearson	E. F. Reamer
<b>Tehama County (1)</b>	
F. J. Bailey	J. A. Owen
<b>Tulare County (1)</b>	
I. H. Betts	Elmo R. Zumwalt
<b>Tuolumne County (1)</b>	
George C. Wrigley	William L. Hood
<b>Ventura County (1)</b>	
J. Bianchi	B. E. Merrill
<b>Yolo-Colusa County (1)</b>	
Fred R. Fairchild	W. E. Bates
<b>Yuba-Sutter County (1)</b>	

## General Information

**Registration and Information**—The registration and information desk is located in the Galleria, Los Angeles Biltmore. All persons attending the convention, whether members or not, are requested to register immediately on arrival. Beginning Sunday, April 24, registration secretaries will be on duty daily from 9 a. m. until 5 p. m.

**Guests and Visitors**—All guests and visitors are requested to register. All General Sessions and scientific meetings are open to visitors and guests.

**Badges**—Four kinds of badges will be issued by the registration bureau.

**Members**—Only active, associate, affiliate or honorary members of the California Medical Association will be issued the usual membership badge.

**Guest**—A special badge will be issued to all fraternal delegates, visiting physicians, physiotherapists, medical social workers, nurses, and other technical specialists who are attending the meetings upon official invitation of the Association.

**Delegates and Alternates**—The usual official badge is provided for this purpose, and will be issued only to persons authorized to wear it.

**Councillors**—An official badge is provided for all officers and members of the Council.

**Membership Cards**—Every member in good standing in the California Medical Association has been issued an official membership card for 1927.

**Suggestions and Constructive Criticism**—The officers and committees have tried to do everything possible to make the meeting a success. Suggestions and constructive criticism calculated to make future meetings more useful will be welcomed by any of the officers. Complaints of whatever character should be made to the registration desk, where they will receive attention.

**Social Program**—The social program is in the hands of the Entertainment Committee, and is published on the back of this program.

**Press Representatives**—Accredited press representatives are welcome, and they will be accorded every possible courtesy.

**Publicity**—All publicity is in the hands of the Publicity Committee. It is requested that all persons having matter of "news" value report it to this committee. It is particularly requested that all "news" about any phase of the convention be given out through the official committee, and in no other way.

**Exhibits**—Only advertisers in "California and Western Medicine" are permitted to exhibit at the annual meeting.

**Rules Regarding Papers and Discussions at the State Meeting**—Upon recommendation of the Executive Committee, the following rules regarding papers have been adopted by the Council:

1. The maximum time that may be consumed by any paper is fifteen minutes, provided that not to exceed ten minutes' latitude may be allowed invited guests at the discretion of the presiding chairman.

2. Motions from the floor to extend the time of an author may not be entertained by the presiding officer.

3. The maximum time permitted any individual discussant on any paper is four minutes. This also applies to the author in closing his discussion. No discussant may speak more than once upon the same subject.

4. No paper will be accepted by the General Program Committee nor by section program committees unless accompanied by a synopsis of not to exceed fifty words.

5. Papers shall not be "read by title."

6. A copy of each and every paper presented at the state meeting must be in the hands of the chairman or secretary of the section or in the hands of the general secretary before the paper is presented.

7. No paper shall be read by any member of the Association at any annual meeting until the same has been submitted and approved by the Program Committee, and the Program Committee is authorized, if it so desires, in

determining whether any paper shall be worthy of presentation, to secure the opinion of any member or members of the Association.

8. All papers read at the annual meeting shall be published in full in "California and Western Medicine" as soon after the meeting as space will permit, or at the option of the author, an abstract of the paper of about one column in length shall be published as soon as possible after the meeting with reprints in full of the entire paper (the cost of setting up type for the reprint to be borne by the Association, and all other costs to be borne by the author).

9. No member may present more than one paper at any one state meeting. A member may, however, be a collaborator on more than one paper if these papers are presented by different authors.

10. Failure on the part of an author to present a paper precludes acceptance of future papers from such author for a period of two years, unless the author explains, to the satisfaction of the Executive Committee, his inability to fulfill his obligation.

## HOUSE OF DELEGATES CHAPTER III

Section 1. The House of Delegates shall be the legislative body of the Association, and shall consist of the officers of the Association, and the regularly elected and properly certified delegates or alternates representing their several county societies.

(No delegate or alternate whose name has not been certificated in writing as such by his county unit through the president and secretary, and filed in the office of the state secretary at least fifteen days subsequent to the first of March, shall be entitled to a seat in the House of Delegates. The state secretary shall notify each delegate of his election and forward certificate credentials with notice of councillor's rulings governing election and penalty for nonattendance; and no delegate absent without prior notification to his county secretary or secretary of this Association shall be eligible to a seat in the House of Delegates the following year; and it shall be the duty of the secretary to mail a list of all absent delegates to the proper county units. Proposed amendment to be acted upon H. D. 1927.)

Sec. 2. Each county society shall be entitled to send to the House of Delegates each year one delegate and one corresponding alternate for every fifty members as of the first day of October of the preceding year, and one for each major fraction thereof, provided that each county society which has made its annual report and paid its assessment, as provided in this Constitution and By-Laws, shall be entitled to at least one delegate and one alternate.

Sec. 3. Twenty-five delegates shall constitute a quorum.

Sec. 4. Delegates and alternates shall be elected for a term of two years, and those societies entitled to more than one representative shall arrange such election so that one-half of their delegates and alternates, as near as may be, shall be elected each year.

Sec. 5. The House of Delegates shall approve all memorials and resolutions of whatever character issued in the name of the Association before the same shall become effective.

Sec. 6. The sessions of the House of Delegates shall be open to all members of the Association.

Sec. 7. The House of Delegates shall have authority to appoint committees for special purposes from among members of the Association who are not members of the House of Delegates. Such committees shall report to the House of Delegates, and may present and participate in the discussion of their reports.

Sec. 8. The House of Delegates shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

## General Meetings

### FIRST GENERAL SESSION

Ballroom, Biltmore Hotel, Los Angeles

Monday, April 25, 10 a. m.

WILLIAM T. MCARTHUR, M. D., President  
Pacific Mutual Building, Los Angeles

1. *Invocation*—Rev. Hugh K. Walker, Pastor First Presbyterian Church, Los Angeles.
2. *Address of Welcome*—Hon. George E. Cryer, Mayor of Los Angeles.
3. *President's Annual Address*—William T. McArthur, M. D., Pacific Mutual Building, Los Angeles.
4. *Address of President-Elect*—Percy T. Phillips, M. D., Santa Cruz.
5. *Announcement Regarding Permanent Quarters*—President William T. McArthur, M. D.
6. *Report of Arrangements Committee*—William Duffield, M. D., Auditorium Building, Los Angeles.

### SECOND GENERAL SESSION

Ballroom, Biltmore Hotel, Los Angeles

Tuesday, April 26, 10 a. m.

Pacific Mutual Building, Los Angeles

1. *The General Practitioner*—James B. Herrick, M. D., Chicago, Illinois.

2. *The Profit and Loss Account of Modern Medicine*—Stuart McGuire, M. D., Richmond, Virginia.
3. *Annual Report of the Council*—O. D. Hamlin, M. D., Federal Realty Building, Oakland.

### THIRD GENERAL SESSION

Auditorium, Pacific Mutual Building, Los Angeles

Tuesday Evening, April 26, 8 p. m.

1. *Public Health Address*—William A. Evans, M. D., Chicago, Illinois.

### FOURTH GENERAL SESSION

Ballroom, Biltmore Hotel, Los Angeles

Wednesday, April 27, 10 a. m.

Pacific Mutual Building, Los Angeles

1. *Retrospect of Gynecology*—Howard A. Kelly, M. D., Baltimore, Maryland.
2. *Address*—W. W. Campbell, President University of California, Berkeley.

### FIFTH GENERAL SESSION

Ballroom, Biltmore Hotel, Los Angeles

Thursday, April 28, 2 p. m.

1. *Medicine in the Department of the Interior*—Hon. Hubert Work, Secretary of the Interior.
2. *Address*—Surgeon-General Hugh Cumming.

## Diagram of Meetings

		Ball Room	Music Room	Pacific Mutual	Room 3	Room 7	Auditorium	Auditorium
Monday April 25	10-12:30	First General Session—Presidential Addresses and Committee Reports—Ballroom						
	2:30	Obstetrics	General Medicine	General Surgery	Dermatology	Eye, Ear, Nose, and Throat	Urology	Radiology
	8-10	First House of Delegates. Music Room. All C. M. A. members invited						
Tuesday April 26	10-12:30	Second General Session—Invited Guests—Ballroom						
	2:30-5	Gynecology	General Medicine	General Surgery	Anesthesiology	Eye, Ear, Nose, and Throat	Urology	Radiology
	8-10	Third Public Meeting—Philharmonic Auditorium. William A. Evans, M. D., Speaker						
Wednesday April 27	10-12:30	Fourth General Session—Invited Guests—Ballroom						
	2:30-5	Anesthesiology	Pediatrics	Industrial Medicine and Surgery	Dermatology	Eye, Ear, Nose, and Throat	Neuropsychiatry	Radiology
	8-10	Second House of Delegates—Music Room. All C. M. A. members invited						
Thursday April 28	10-12:30		General Medicine	General Surgery				
	2:00	Fifth General Session—Invited Guests—Ballroom						
	2:30-5				Neuropsychiatry	Pathology	Urology	
		President's Dinner and Dance—Thursday Evening—Ballroom						

## Outline of Meetings, Dinners and Luncheons

Meetings of the House of Delegates—Monday and Wednesday evenings, April 25 and 27, at 8 p. m. in the Music Room.

### Council Meetings—

First Meeting—Sunday, April 25, at 8 p. m.

Second Meeting—Monday, April 26, at 2:30 p. m.

Third Meeting—Tuesday, April 27, at 2:30 p. m.

Fourth Meeting—Wednesday, April 28, at 2:30 p. m.

Fifth Meeting—Thursday, April 29, at 2:30 p. m.

**General Sessions**—The public is invited to attend the following General Sessions:

Monday, 10 a. m. to 12:30 p. m.—Presidential Addresses, ballroom.

Tuesday, 10 a. m. to 12:30 p. m.—Addresses. Invited guests. Ballroom.

Tuesday, 8 p. m. to 10 p. m.—Open meeting, Philharmonic Auditorium.

Wednesday, 10 a. m. to 12:30 p. m.—Addresses. Invited guests. Ballroom.

Thursday, 2 p. m.—Addresses. Invited guests. Ballroom.

**President's Dinner and Dance**—Thursday evening, ballroom.

**Councilors and County Officers' Luncheon**—Thursday, 12:30 to 2 p. m., Room 4.

All members of the Council and all presidents and secretaries of constituent societies are requested to be present at a luncheon to be held in Room 4, on Thursday, at 12:30. Please make your reservations for this luncheon at the registration desk as early as possible.

**Program Committee and Section Officers' Luncheon**—Wednesday, 12:30 to 2:30 p. m., Room 4.

The Program Committee and all incoming and outgoing Section secretaries and chairmen are invited to attend this luncheon. Please make reservations at the registration desk.



## Section Meetings

### ANESTHESIOLOGY SECTION

DOROTHY A. WOOD, M. D., Chairman  
1390 Seventh Avenue, San Francisco  
MARY F. KAVANAGH, M. D., Secretary  
1020 Union Street, San Francisco

#### FIRST MEETING

Room 3, Hotel Biltmore

Tuesday, April 26, 2:30 p. m.

1. *Report of Two Hundred Anesthetizations of Children Under Ten Years of Age, with Nitrous-Oxide-Oxygen (Only) Used as an Anesthetic Agent*—Dorothy A. Wood, M. D., 1390 Seventh Avenue, San Francisco.

Two objections to the use of nitrous-oxide-oxygen in children formerly held. Gradual lowering of age limit in recent years until now it is felt that age has no influence in the selection of an anesthetic. Advantages of nitrous-oxide-oxygen in certain pathological conditions. Classification of cases as to age and the types of operations performed. Repeated anesthetization of same subjects. Technique of administration. Conclusions.

2. *Postoperative Pulmonary Complications*—L. R. Chandler, M. D., 490 Post Street, San Francisco.

A study is made of some of the common postoperative pulmonary complications. They are divided into three fairly definite groups: 1. The early pulmonary complications. 2. The late pulmonary complications. 3. Postoperative massive collapse of the lung. The clinical features of each group are presented. The histories of five cases, representing these three clinical types are given. The possible causes of postoperative lung complications are reviewed, and a plan is suggested which might reduce their frequency.

3. *Motion Pictures of Congress of Anesthetists with British Medical Society*—Shown by Mary E. Botsford, M. D., 807 Francisco Street, San Francisco.

4. *The Patient from the Standpoint of the Anesthetist*—Niel C. Trew, M. D., 2919 Waverly Avenue, Los Angeles.

General classification of patients according to sex, age, race, and personal peculiarities. The influence of pathological conditions; status lymphaticus; thyroid cases; heart lesions; tuberculosis; high blood pressure; acidosis; diabetic patients and general toxic conditions—septic cases.

5. *Removal of Teratoma of Mediastinum Under Gas and Oxygen Anesthesia (Report of a Case)*—Mary F. Kavanagh, M. D., 1020 Union Street, San Francisco.

Notes taken from History Record No. 56,737, University of California Hospital. History of the case. Operation under gas and oxygen anesthesia. Anesthetic record.

#### SECOND MEETING

Ballroom, Hotel Biltmore

Wednesday, April 27, 2:30 p. m.

1. *Advantages of Ethylene Oxygen as a General Anesthesia*—George A. Johnstone, M. D., Glendale Sanitarium and Hospital, Glendale.

Ease of induction and rapidity of anesthetic recovery. Less nausea and vomiting. Relaxation without cyanosis. Freedom from postoperative sweating. Narrow anesthetic margin. Absence of respiratory irritation. Increase in blood pressure during anesthesia. Ideal anesthetic for age extremes. Disadvantages, odor; danger of explosion.

2. *Tonsillectomy Under Nitrous Oxide, Oxygen Anesthesia*—Merton J. Price, M. D., 490 Post Street, San Francisco.

Contraindications to ether in presence of pulmonary and kidney pathology. Necessity for special technique. Advantages and disadvantages. Preoperative medication. Report of cases.

3. *Anesthesia in Urologic Surgery*—Mary E. Botsford, M. D., 807 Francisco Street, San Francisco; Ethel Righetti, M. D., 305 Walnut Street, San Francisco; and Clark M. Johnson, M. D., Fitzhugh Building, San Francisco.

Increasing use of local anesthesia in urologic surgery because of inhibition of kidney function by ether. Influence of morphin. Report on experiments with  $N_2O$  and O, to ascertain effects on kidney function, with and without morphin.

4. *The Use of Carbon Dioxide in Anesthesia for Intrathoracic Surgery*—Edgar L. Leavitt, M. D., St. Luke's Hospital, San Francisco.

Carbon dioxide as a respiratory stimulant in chest surgery. Action in abolishing cough reflex. Report of cases.

### DERMATOLOGY AND SYPHILOLOGY SECTION

HARRY E. ALDERSON, M. D., Chairman  
320 Medico-Dental Building, 490 Post Street  
San Francisco

CHARLES E. SCHOFF, M. D., Secretary  
203 Farmers and Mechanics Bank Building  
104 Eighth Street, Sacramento

#### FIRST MEETING

Room 3, Hotel Biltmore

Monday, April 25, 2:30 p. m.

1. *Anaphylactic Dermatoses as Clinical Problems*—Moses Scholtz, M. D., Los Angeles.

Clinical experience versus laboratory in anaphylactic cutaneous tests. Allergy versus anaphylaxis. Overemphasis of allergy in occupational dermatoses and drug eruptions. Clinical characteristics of anaphylactic eczemas—their differentiation from systemic toxic, seborrheic, strepto and staphylococcic, mycotic, etc. Diagnostic limitations of cutaneous tests. Specificity of cutaneous tests. Technical limitations of cutaneous tests. Therapeutic efficiency of cutaneous tests.

2. *Papular Urticaria*—Irving Bancroft, M. D., 419 Chapman Building, 756 South Broadway, Los Angeles.

Foreign authors say that papular urticaria and prurigos are from the same basic cause. Urticaria and allergic dermatitis also are often from the same basic cause. Children in Los Angeles often have chronic papular eruption which is due to external irritants and which is often mistaken for scabies.

3. *Nonspecific Protein Therapy in Dermatology*—From the Department of Dermatology, University of California Medical School. Hiram E. Miller, M. D., and Norman Epstein, M. D., 803 Fitzhugh Building, 384 Post Street, San Francisco.

Nonspecific protein therapy has assumed an important rôle in the treatment of some dermatoses. Various proteins have been used to produce local or systemic reactions which exert a beneficial action on certain pathological processes. This type of treatment has been found of value in kerion ringworm of the scalp, ringworm of the beard, sycosis vulgaris, chronic pyogenic infections of the skin, and in syphilitic lesions which resist other therapy. The method of employment of these proteins is discussed and its effect upon certain dermatological conditions reviewed.

4. *Treatment of Acne*—Ernest D. Chipman, M. D., 501 Union Square Building, 350 Post Street, San Francisco.

The rational treatment of acne is directed against an obvious pathology. This consists of an increase both in the size and the functional activity of the sebaceous glands, a plugging of their follicles and the formation of comedones. The comedone is the primitive element of acne. Some comedones become

infected to form papules and pustules. If there is no comedone there is no acne. The x-ray reduces the size and functional activity of the sebaceous glands. Certain keratolytics help to keep open the sebaceous ducts. The combination of these two agents gives the best result in practice. The treatment by diet, internal medication, vaccines, etc., will also be discussed.

5. *Multiple Hemorrhagic Sarcoma of Kaposi* (Case Report)—From the Department of Dermatology, Stanford University School of Medicine. Ernest K. Stratton, M.D., 414 Medico-Dental Building, 490 Post Street, San Francisco.

History of primary tumor in skin ten years before multiple lesions appeared; photographs, microscopical sections, etc., showing pathology of tumors and character of gland involvement.

#### SECOND MEETING

Tuesday, April 26, 9 a. m.

#### Clinical Program

(To be held in the morning at one of the hospitals in Los Angeles, beginning at 9 a. m. This has not been definitely arranged as to place and time. No session in the afternoon.)

#### THIRD MEETING

Room 3, Hotel Biltmore

Wednesday, April 27, 2:30 p. m.

1. *Coccidioides Granuloma*—Harry P. Jacobson, M.D., 313 North Soto Street, Los Angeles.

The disease is most likely more prevalent than would appear from the reports in the literature. Its similarity to tuberculosis is frequently confusing to the clinician. Copper seems to offer promise of success in the treatment of this disease.

2. *Progressive Pigmentary Dermatitis (Schamberg's Disease)*—H. J. Templeton, M.D., Oakland.

Progressive pigmentary dermatitis (Schamberg) is a definite clinical entity. A new case is herein reported with a summary of the findings in previously recorded cases. A histopathologic study is included. Both the clinical and the laboratory findings are contrasted with those found in Majocchi's disease and angioma serpiginosum.

3. *Treatment of Malignant Growth of the Mouth*—Irwin Sutton, M.D., 916 Taft Building, 1680 North Vine Street, and Rea Proctor McGee, M.D., Hollywood Security Building, 6381 Hollywood Boulevard, Hollywood, California.

Malignant neoplasms of the mouth fall into three general groups: first, those that destroy tissue; second, those that destroy function and appearance by pressure; third, those that are limited to the surface.

In the first group we find all forms of carcinoma, in the second group are sarcomas and malignant cysts, in the third group are epitheliomas and leukoplakias.

General operative and nonoperative treatment and reparative measures particularly with a view toward restoration of function and appearance will be discussed.

4. *Nonspecific Treatment of Syphilis*—Merlin T. R. Maynard, M.D., 511 Twohy Building, San Jose.

1. The factors of resistance and immunology are often forgotten in the treatment of the luetic patient. 2. By the nonspecific handling of the case I mean the use of therapeutic measures that tend not toward the poisoning of the spirochaete in the organism, but toward the increasing of the bodily defenses to the infecting agent. 3. These measures attempt the production of heat, phagocytosis, the formation of antibodies, and the raising of the individual to the best possible state of health. 4. These methods are described, and are suggested as adjuncts to efficient specific therapy.

5. *Early Syphilitic Manifestations Appearing During the Course of Antisyphilitic Treatment*—Kendal P. Frost, M.D., 831 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

A report of two instructive cases. Case 1—Syphilitic alopecia developing one month after treatment, having received five injections of neoarsphenamine and one of mercury salicylate. Case 2—Characteristic syphilitic papules appearing during the terminal stage of postarsphenamine dermatitis following six injections of neoarsphenamine in primary Wassermann positive syphilis. The Wassermann reaction during the papular eruption was negative and the eruption faded spontaneously in a few days. These cases are instructive because they seem to indicate that a clinical manifestation of early syphilis can make its appearance without spirochaetosis. It is probably explainable on an assumption of a toxin so affecting the vasomotor system that that treatment did not influence the development of lesions, the evanescence of the manifestations and absence of other signs of activity of the disease being evidence of its being under control.

#### EYE, EAR, NOSE, AND THROAT SECTION

PERCIVAL DOLMAN, M.D., Chairman

1035 Medico-Dental Building, 490 Post Street  
San Francisco

SIMON JESBERG, M.D., Secretary

1151 West Sixth Street, Los Angeles

#### FIRST MEETING

Room 7, Biltmore Hotel

Monday, April 25, 2:30 p. m.

1. Chairman's Address: *The Essentials of a Training in Refraction*—Percival Dolman, M.D., 1035 Medico-Dental Building, 490 Post Street, San Francisco.

2. *Molluscum Contagiosum of Eyelids*—Hugo A. Kiefer, M.D., 406 Brockman Building, 526 West Seventh Street, Los Angeles.

Discussion opened by Frank E. Detling, M.D.

Discusses etiology, incidence, pathology, and treatment. Report of a case.

3. *The Surgical and Radium Aspects of Extensive Ocular Melanosis*—P. Obarrio, M.D., 204 Union Square Building, 350 Post Street, San Francisco.

Discussion opened by Walter Scott Franklin, M.D.

Melanosis of conjunctiva. Report of case. Describes pathology and symptoms. Treatment by radium.

4. *Experiences with Thermophore Therapy*—M. F. Weymann, M.D., 418 Westlake Professional Building, 2007 Wilshire Boulevard, Los Angeles.

Discussion opened by Joseph L. McCool, M.D., Portland, Oregon.

Treatment of pneumococcus ulcer, dendritic ulcer and indolent ulcer of the cornea, and neoplasms of the globe and lids with the thermophore of Shahan is described. For successful results one must use the proper temperature, complete anesthesia, firm pressure and applicators larger than the lesion treated.

5. *Pyocytic Stomatitis—With a Report of Some Animal Experimental Work*—Fred H. Linthicum, M.D., 914 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

Discussion opened by Roy W. Hammack, M.D.

Case report with fatal termination in a middle-aged woman, following pregnancy. Describes bacterial studies and animal experimentation.



## SECOND MEETING

Room 7, Biltmore Hotel

Tuesday, April 26, 2:30 p. m.

1. *Trichloroacetic Acid in the Treatment of Ulcerative Laryngeal Tuberculosis*—Bertram C. Davies, M. D., 924 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

Discussion opened by C. Benson Wood, M. D.

Describes method of applying the pure acid to tuberculous ulceration of the larynx. Beneficial results obtained. Reports of five cases.

2. *The Technique of Laryngectomy*—Harrington B. Graham, M. D., 619 Medico-Dental Building, 490 Post Street, San Francisco.

Discussion opened by I. W. Thorne, M. D.

The technique of Hautant and of MacKenty has been followed by the writer, that is, a skeletonization of the larynx under local anesthesia, a dissection from below upward and an extraction under ether followed by drainage of the wound. The paper is offered to call forth a discussion of various methods in technique.

3. *The Relation of Arsenicals Used in the Treatment of Syphilis to Optic Neuritis*—George N. Hosford, M. D., 437 Medico-Dental Building, 490 Post Street, San Francisco.

Discussion opened by Percival Dolman, M. D.

Reports a case that developed optic neuritis following four injections of neosalvarsan for the treatment of recently acquired syphilis. Discussion of cause of the neuritis. Review of literature.

4. *Unilateral Sighting*—Lloyd Mills, M. D., 814 Edwards-Wildely Building, 609 South Grand Avenue, Los Angeles.

Discussion opened by Roderic O'Connor, M. D.

Author's work showing that sighting is done by the dominant eye only. Line of sight is lateral, with but few exceptions and is in relation to fundamental, not acquired, handedness. Theory that vision is cyclopean is discarded.

5. *Motais Operation—The Results in Eighteen Cases*—Roderic O'Connor, M. D., 910 Medical Building, 1904 Franklin Street, Oakland.

Discussion opened by Lloyd Mills, M. D.

An argument in favor of this operation for ptosis, because it takes advantage of the associated action of superior rectus and lid elevator. Cosmetic advantages of this operation.

## THIRD MEETING

Room 7, Biltmore Hotel

Wednesday, April 27, 2:30 p. m.

1. *Streptococcus Mucosus Infection Causing Lateral Sinus Thrombosis*—H. J. Profant, M. D., 1421 State Street, Santa Barbara.

Discussion opened by Hill Hastings, M. D.

Bacteriology and pathology of streptococcus mucosus. Case report; a young boy with mild otitis and no mastoid symptoms. Long latent period. Sudden onset of meningeal irritation, due to subdural abscess followed by definite sinus thrombosis symptoms. Value of two-stage operation in aiding walling off of infection. Possible value of mercurochrome in systemic infection.

2. *Surgical Treatment of Frontal Sinus Suppurations*—J. Frank Friesen, M. D., 711 Merritt Building, 307 West Eighth Street, Los Angeles.

Discussion opened by Frank A. Burton, M. D.

Frontal sinus suppurations relatively rare. Pathology and complications of frontal sinusitis. Treatment by intranasal method. Surgical anatomy and operative landmarks shown with lantern slides. Type of operation determined by size, contour, etc., of sinuses. Bibliography. Report of three cases.

3. *Lipiodol in Chronic Lung Suppurations*—C. Benson Wood, M. D., 700 Merritt Building, 307 West Eighth Street, Los Angeles.

Discussion opened by E. Richmond Ware, M. D.

A short resumé of the early use of iodized oil in the bronchial tree. Methods of introduction with comments. Report of cases with slides of chest radiographs. Conclusions. Bibliography.

4. *Plastic Surgery of the Face*—J. Paul De River, M. D., 369 Flood Building, 870 Market Street, San Francisco.

Discussion opened by John Homer Woolsey, M. D.

Value of plastic surgery. Progress since World War. Solution of many problems by cooperation of general surgeon and specialist. Improvement of technique.

5. *Demonstration of the Hess Curtain for the Diagnosis of Paretic Ocular Muscles*—Dohrmann K. Fischel, M. D., 1417 Medico-Dental Building, 490 Post Street, San Francisco.

## GENERAL MEDICINE SECTION

J. MARION READ, M. D., Chairman

1183 Flood Building, 870 Market Street

San Francisco

JAMES F. CHURCHILL, M. D., Secretary

700 Electric Building, 861 Sixth Street

San Diego

## FIRST MEETING

Music Room, Biltmore Hotel

Monday, April 25, 2:30 p. m.

1. *The Therapeutic Use of Ephedrin*—I. C. Schumacher, M. D., and T. L. Althausen, M. D., University of California Hospital, Fourth Avenue and Parnassus Street, San Francisco.

Ephedrin was used in the following conditions: hypotension, bronchial asthma, hay fever, urticaria, and angioneurotic edema. 1. In hypotension, ephedrin consistently raised the systolic blood pressure. 2. In asthma and hay fever some relief was obtained in nearly all cases and the attacks were controlled completely in a considerable proportion of cases. 3. Urticaria and angioneurotic edema were not affected by the drug.

The most important advantages of ephedrin over adrenalin are that it is effective when given by mouth, and that its action extends over a period of many hours. The disadvantages of the new drug consist in a failure to relieve asthmatic attacks in occasional subjects, and in the occurrence of untoward gastrointestinal and nervous symptoms in rare cases.

2. *The Etiology of Cough*—William C. Voorsanger, M. D., and Fred Firestone, M. D., 1001 Medico-Dental Building, 490 Post Street, San Francisco.

Based upon an intensive study of two hundred patients with chronic cough seen at Mount Zion Chest Clinic and in private practice. All patients were submitted to a routine examination including physical, x-ray, sputum examination and sputum culture and guinea-pig inoculation. Nineteen classifications of cough are isolated. These are ostensibly nontuberculous. Emphasis is placed upon two main groups: 1. An infectious asthma and bronchitis, representing 34 per cent of the total series, which can be benefited by the use of an autogenous vaccine. 2. An undiagnosed group, representing 32 per cent of the series, in which some patients can be improved but in which most are potentially tuberculous or bronchiectatic, although not proven so.

Illustrated with charts and lantern slides.

3. *Nontuberculous Lung Suppuration*—Philip H. Pierson, M. D., 811 Medico-Dental Building, 490 Post Street, San Francisco.  
Subject divided into localized abscess or abscesses, chronic pneumonia, and bronchiectasis. These are discussed from the standpoint of

Etiology:	1. Aspiration	$\left\{ \begin{array}{l} a. \text{ Infections} \\ b. \text{ Traumatic} \end{array} \right.$	$\left\{ \begin{array}{l} \text{pneumococcus} \\ \text{streptococcus} \\ \text{influenza} \\ \text{whooping cough} \end{array} \right.$
	2. Embolic		
	3. Pneumonic		
	4. Empyemic		

**Pathology:** Of particular importance in differentiating chronic pneumonic and bronchiectasis. This is helpful in determining prognosis. Treatment: Prophylactic. Conservative versus radical (this will allow discussion from internists and surgeons). Prognosis: Pathology helps; more promptly determined and more favorable in processes with acute onset than in those secondary to chronic processes.

4. *Lipiodol in Chronic Pulmonary Suppurations*—E. Richmond Ware, M. D., 506 Professional Building, 1052 West Sixth Street, Los Angeles.

1. Lipiodol, its physical and chemical properties.
2. Technique of injection.
3. Class of cases in which it is to be employed: (a) indications; (b) contraindications.
4. Its value as a diagnostic procedure in: (a) bronchiectasis; (b) lung abscess; (c) determining effectiveness of collapse by pneumothorax or thoracoplasty; (d) pulmonary tuberculosis.
5. Therapeutic value.
6. Toxic effects.
7. Illustrative cases, with demonstration of slides of films.

5. *Experimental Work on the Effects of Diuretics in Nephritis*—Burrell O. Raulston, M. D., 2007 Wilshire Boulevard, Los Angeles.

This paper presents the results of a study of the diuretics in normal rabbits and in rabbits with experimental nephritis. Some interesting observations on spontaneous diuresis were made in control experiments. The effects of specific diuretics in normal rabbits, in rabbits injected intramuscularly with horse serum and in rabbits during the acute reaction from intravenous injection of foreign protein, as observed in a large group of experiments are shown in charts. A lowering of the threshold for sugar excretion is indicated. A comparison of these results, with those obtained in working with animals that have nephritis produced by x-ray exposures.

## SECOND MEETING

**Music Room, Biltmore Hotel**

**Tuesday, April 26, 2:30 p. m.**

1. *Treatment of the Ambulatory Patient with Peptic Ulcer*  
—Fletcher B. Taylor, M. D., 701 Medical Building,  
1904 Franklin Street, Oakland.

The successful treatment of ulcer rests on the consideration of multiple factors in etiology. Hereditary irritability of the digestive tract may be one of the important considerations. Foci of infection and the forces which find expression as duodenal traumata should be eradicated. The "central nervous load" which the patient carries is one factor which separates the experimental ulcer in animals from the clinical ulcer in man. The patient must shape his program to the cure of his ulcer for a period of from one to two years. If successful, most of this time the patient will be symptom-free. Surgery is but one step in the cure of one group of ulcer patients. Peptic ulcer is essentially a medical disease in an ambulatory patient.

2. *New Methods of Gastric Analysis*—Arthur L. Bloomfield, M. D., Stanford Hospital, Clay and Webster streets, San Francisco.

The difficulties and disadvantages of the usual methods of gastric analysis are discussed and certain physiological considerations, especially with reference to the secretion of acid, will be taken up. The advantages of the alcohol test meal, which makes possible the estimation of volume of gastric secretion

as well as the acidity of the pure gastric juice will be discussed, with a summary of the clinical information which can be derived from methods of this sort.

3. *The Spastic Colon*—Q. O. Gilbert, M. D., 301 Medical Building, 1904 Franklin Street, Oakland.

Disordered bowel movement is most common. Interpretation of clinical findings and symptomatology on the basis of physiological complexes suggests corrective treatment. Two main types of stimulation, extrinsic and intrinsic causing segmental or zonal contraction are recognized. The rule of "proximal stasis and distal hypermotility" suggests the frequent clinical picture. Careful observation presents, in patients with abdominal symptoms, contractions more frequent than atony. This viewpoint suggests a conception of constipation contrary to that fostered largely in the past decade, and a more rational treatment on a pathological physiological basis.

4. *The Rose Bengal Liver Function Test* (Studies of the Simplification of the Test)—William J. Kerr, M. D., University of California Hospital, Fourth Avenue and Parnassus Street, San Francisco, and N. N. Epstein, M. D., and G. D. Delprat, M. D., Fitchburg Building, 384 Post Street, San Francisco.

Rose Bengal (diiodotetrachlorfluorescence) is eliminated from the blood stream of humans solely by the liver through the bile passages. This fact has been used to develop a clinical test for liver disease. The technique is simple and can be performed by any clinician. It is merely an intravenous procedure in which the dye is injected into the blood stream and specimens of blood examined two, eight, and sixteen minutes after the injection to determine the rate of disappearance of the dye. This rate of disappearance is very definitely delayed where liver disease is present.

The clinical application of the test is of particular value in determining the presence and extent of liver disease in an individual. The test has been applied in cases of cirrhosis of the liver, metastatic malignancy of the liver, obstructive jaundice, catarrhal jaundice, arspenamine icterus, liver abscess, pyophlebitis of the liver, chronic cholecystitis, chronic passive congestion of the liver, and syphilis of the liver.

5. *Treatment of Polycythemia Vera with Phenylhydrazine*—Samuel H. Hurwitz, M.D., 1214 Medico-Dental Building, 490 Post Street, San Francisco, and Joseph Leviton, M.D., 1015 Story Building, 610 South Broadway, Los Angeles.

The clinical symptoms of polycythemia vera (Osler's disease; Vaquez's disease) are in the main due to an increased bulk of red cells resulting from excessive erythroblastic activity of the bone marrow. The treatment has, therefore, concerned itself with methods of relieving symptoms by reducing the total blood mass. Venesection, roentgen rays, radium, and benzol have all been employed for this purpose with some modicum of success.

It is the purpose of this paper to record the clinical course of a patient with polycythemia vera treated with phenylhydrazine, and to emphasize the value and dangers of this drug as well as the importance of using certain criteria for the control of its dosage.

### THIRD MEETING

**Music Room, Biltmore Hotel**

Thursday, April 28, 10 a. m.

1. Chairman's Address: *Clinical and Physiological Significance of Blood Pressure*—J. Marion Read, M. D., 1183 Flood Building, 870 Market Street, San Francisco.

2. *Coronary Occlusion*—P. Berman, M. D., 2308 Victoria Road, Los Angeles, and V. R. Mason, M. D., 838 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

Discussion opened by James B. Herrick, M. D.

A statistical and electrocardiographic study of the coronary T wave in 1500 electrocardiographs. This study shows the importance of this wave in recent and healed myocardial infarcts; in aortic valvular disease of arteriosclerotic and especially syphilitic origin; and in certain other affections in which heart disease was not suspected. Brief abstracts of illustrated cases. (Lantern slides.)

3. *A Review of a Series of Cases of Auricular Fibrillation*—Donald J. Frick, M. D., and Robert Helm Kennicott, M. D., 804 Medical Office Building, 1136 West Sixth Street, Los Angeles.

A report of fifty-one cases, with the following points reviewed: etiology, duration of fibrillation, concomitant cardiac conditions, effects of treatment, causes of death, high percentage of emboli in brain or viscera.

4. *Experiences with Colloidal Lead in the Treatment of Advanced Cancer*—Albert Soiland, M. D.; William E. Costolow, M. D.; and Orville N. Meland, M. D., 1407 South Hope Street, Los Angeles.

Discussion opened by Franklin R. Nuzum, M. D.

Colloidal lead, as described by Bell, and a modified colloid of lead phosphate have been used in the treatment of advanced malignancy. The reactions one sees are severe and usually affect not only the malignant cell, but also such normal tissues as blood, kidney, and liver. The results are disappointing, for they do not come up to the achievements reported by Bell, but this may be due to the type of cases we treated or to our lack of experience in administration of the proper dosage. Apparently in order to achieve any result, one must have a general as well as a local reaction.

5. *Medical Management of Gangrene of the Extremities*—J. Edward Harbinson, M. D., Woodland Clinic, Woodland.

Gangrene is usually considered a surgical rather than a medical problem. Amputation may be avoided in many cases by proper medical management. This requires the expenditure of considerable time, patience and money. Sound medical judgment is paramount in selecting cases for treatment. The points to be considered are enumerated. An outline of the medical régime for each disease of which gangrene is a complication is presented, as well as a consideration of the general measures applicable to the treatment of gangrene. Case reports, with results, are presented with color drawings showing the condition before and after treatment.

## GENERAL SURGERY SECTION

FRED R. FAIRCHILD, M. D., Chairman  
Woodland Clinic, Woodland

JOHN H. BREYER, M. D.  
Secretary Southern Section  
701 Professional Building

65 North Madison Avenue, Pasadena

EDMUND BUTLER, M. D.  
Secretary Northern Section  
615 Medico-Dental Building, 490 Post Street,  
San Francisco

### FIRST MEETING

Auditorium, Pacific Mutual Building  
523 West Sixth Street  
Monday, April 25, 2:30 p. m.

1. *Chairman's Address*—Fred R. Fairchild, M. D., Woodland Clinic, Woodland.

2. *The Present Trend of Gastric Surgery*—J. H. Woolsey, M. D., 907 Medico-Dental Building, 490 Post Street, San Francisco.

Discussion opened by Charles E. Phillips, M. D., and John Cowan, M. D.

A resumé of opinions of the leading world authorities upon the surgical treatment and technique of the common lesions of the stomach and duodenum. The preoperative preparation, important points in technique and postoperative results will be emphasized. The author's experience will be given. (Lantern slides.)

3. *Gastrointestinal Symptoms Masking Gall Bladder Diseases*—Clarence G. Toland, M. D., 1028 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

Discussion opened by Rea Smith, M. D.

1. Gall bladder disease can be easily diagnosed when the typical symptoms are present. 2. A part of the atypical symptomatology displayed in gall-bladder disease may be due to direct adhesions of one viscus to another or from old inflammatory processes in the abdomen. 3. But the great majority of cases are of reflex origin, due to the indirect nerve connections between the gall bladder and the gastrointestinal tract.

4. *The Treatment of Gastro Ulcer and Its Complications*—Donald C. Balfour, M. D., Mayo Clinic, Rochester, Minnesota.

Discussion opened by Ezra Rich, M. D., Ogden, and Emmet Rixford, M. D.

1. The incidence of gastric ulcer. 2. The frequency of complications: hemorrhage, obstruction, perforation, malignant degeneration, and hourglass deformity. 3. Indications for operation. 4. Operative procedures.

5. *The Clinical and Surgical Aspects of Cholesterosis of the Gall Bladder*—Stanley H. Mentzer, M. D., 516 Sutter Street, San Francisco.

Discussion by Wallace I. Terry, M. D., Donald Balfour, M. D., and Stanley Stillman, M. D.

One thousand cases of cholesterosis of the gall bladder are studied, five hundred of the cases also contain gall-stones. Comparison studies are made of the normal gall bladder, the cholesterin-laden gall bladder, and cholesterosis with stones; twelve tables illustrate the essential parallelisms and deviations. Extensive and careful clinical data are compared with x-rays (plain plate and Graham-Cole), clinical diagnoses and their errors, history, etc. Obesity and pregnancy are studied in relation to cholesterosis of the gall bladder with blood-cholesterol graphs, etc. The operative findings, procedure and errors given, and the pathological descriptions correlated with the preoperative opinions. Adjacent pathology (nephritis, pancreatitis, etc.) are studied and compared with cholecystic cases of evident inflammatory origin. Nine conclusions are drawn.

### SECOND MEETING

Auditorium, Pacific Mutual Building  
523 West Sixth Street  
Tuesday, April 26, 2:30 p. m.

1. *Industrial Traumatic Thrombosis of the Upper Extremities*—Joseph K. Swindt, M. D., 546 Investment Building, Pomona.

Discussion opened by Roy W. Hammack, M. D.

The definition of traumatic thrombosis and a review of reported cases arising from occupational activity suggest: 1. Their relation to the Working Men's Compensation Act which depends upon recognition of chronic traumatism as a direct cause of thrombosis, without previous or latent infection. 2. The mechanical theory of thrombus formation as held by the modern (Aschoff) school is based on three factors: (1) slowing of the stream; (2) changes

- in the vessel wall; (3) changes in the blood constituents. 3. The prevalence of traumatic thromboses in the upper over the lower extremities is determined by the anatomical environment of the subclavian and brachial veins, which affords exceptional opportunity for the opposing forces of intra- and extrathoracic effort to slow the stream and damage the wall of the vessels between the clavicle and the first rib. 4. The metamorphosis of a thrombus explains the prognosis and suggests the treatment of primary rest and later activity and the futility of surgical attack. 5. Report of case. 6. Bibliography.
2. *The Ascending Colon—Abnormalities and Constricting Bands*—Foster K. Collins, M. D., 914 Detwiler Building, 412 West Sixth Street, Los Angeles.  
Discussion opened by Alanson Weeks, M. D.  
The paper considers the embryology and normal rotation of this portion of the colon. The abnormal positions due to faulty rotation and other abnormalities, together with bands causing acute and chronic surgical conditions with their symptoms and surgical treatment are discussed.  
Brief case reports are given of several patients coming to operation, with slides showing x-ray and operative findings.
3. *Extra Articular Fusion of the Hip-Joint*—John C. Wilson, M. D., 410 Medical Office Building, 1136 West Sixth Street, Los Angeles.  
Discussion opened by Edward Bull, M. D.  
Certain pathologic changes of the hip-joint require elimination of motion for relief of symptoms. The hip-joint has been found difficult to fuse by joint erosion. A method of ilio-femoro-plasty, simple and successful, is offered. The practical application of hip-joint fusion to juvenile tuberculosis is discussed.
4. *The Indications for Whole Blood Transfusion*—LeRoy Brooks, 731 Medico-Dental Building, 490 Post Street, San Francisco.  
Discussion opened by R. S. Dinsmore, M. D., Cleveland Clinic, and Leo P. Bell, M. D.  
Blood transfusions were formerly rarely done. The work on blood grouping which made the procedure practically safe did much to make it more popular. There have been many techniques of giving citrated or whole blood evolved. Whole blood transfusions are preferable. The good results which usually follow transfusion have done much to broaden the usefulness of the procedure. The aim of the paper is to encourage more frequent use of transfusions and the indications are discussed.
5. *Immediate and Remote Results of Prostatectomy*—Arthur B. Cecil, M. D., 1016 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.  
Discussion opened by Rea Smith, M. D.  
This paper does not deal with the technique of prostatectomy. It is a critical review of the immediate and remote results of 202 consecutive prostatectomies which have been operated on by the author. It considers the condition of the patient previous to operation; functional studies and physical findings and the results of the operations which were done for the relief of prostatic obstruction. It enters into detail of the immediate results, that is, results obtained upon the patient's discharge from the hospital and further in the follow-up series of studies to do with their present physical and mental conditions, their kidney functional studies, and their sexual function.
- THIRD MEETING
- Auditorium, Pacific Mutual Building  
523 West Sixth Street  
Thursday, April 28, 10 a. m.
1. *The Goiter Problem*—George W. Middleton, M. D., Intermountain Clinic, Salt Lake City.  
Discussion opened by Wallace I. Terry, M. D., and Philip K. Gilman, M. D.
2. *Preoperative and Postoperative Care of Goiter Patients*—R. S. Dinsmore, M. D., Cleveland Clinic, Cleveland, Ohio.  
Discussion opened by H. H. Searls, M. D., and Alanson Weeks, M. D.  
Preoperative care: Absolute rest. Lugol's solution. Protection of the myocardium—digitalis. Management of decompensation; of delirium. Criteria for operability. Graded operation in severe cases.  
Postoperative care and complications: Hyperthyroidism reactions. Injury of recurrent laryngeal nerve—importance of early tracheotomy. Postoperative hemorrhage and mediastinal extravasation. Tetany. Transient myxedema. Psychoses. Postoperative collapse of the lungs. Tracheitis and pulmonary infection.
3. *Experimental Studies in Pulmonary Suppuration*—Emile Holman, M. D., Stanford University Hospital, Clay and Webster streets, San Francisco.  
Discussion opened by Charles D. Lockwood, M. D., Pasadena; L. R. Chandler, M. D.  
Tuberculous emboli introduced into the jugular vein were arrested in the pulmonary circulatory bed, where they initiated pathological changes in the pulmonary tissue resulting successively in anemia, infarction, caseation, central softening and abscess formation. The earliest appearance of a well-defined abscess following the introduction of the tuberculous embolus was on the twelfth day, whereas pyogenic emboli produced abscesses within four to six days.  
The pathological changes initiated by pyogenic emboli took various forms: (1) limited consolidation about the embolus with early recovery; (2) hemorrhagic infarction with recovery or with central softening and abscess formation; (3) massive hemorrhagic consolidation and death.  
A relative lymphocytosis accompanied the tuberculous processes in the lungs, as contrasted with a true polymorpholeucocytosis that accompanied the pyogenic processes.  
The embolus as such produced only slight changes in the pulse and the respiratory rates. It was only when the effect of the accompanying infection made itself felt after the elapse of twelve or twenty-four hours that the pulse rate and respiratory rate became elevated (H 23, H 13).  
Positive blood cultures were obtained in a number of instances following the introduction of pyogenic emboli. The bacteriemia was frequently only temporary, and the animals fully recovered (H 23, H 18, H 17, H 9). In three instances the animals died (H 10, 2H 21, 2H 18), and a complicating septicemia probably accounted for the death of two other animals (H 2 and H 5).  
The embolus, introduced with the animal in the supine position, usually followed the main current in the pulmonary artery, lodging in the left lower lobe fourteen times, in the right lower lobe eleven times, in the left upper lobe twice, in the right upper lobe once, and in the right middle lobe once.  
Good healing of the bronchial stump occurred in every instance in which lobectomy was performed, following an atraumatic inversion of the stump by sutures placed in the peribronchial tissues.  
The uniform and invariable pathological changes which followed the introduction of a tuberculous embolus into the jugular vein suggest that this experimental method may lend itself to a study of certain much mooted questions, such as the effect of tuberculin in establishing immunity, the pathway of tuberculous infection, the value of therapeutic agents, surgical and medical, and other like problems in the realm of tuberculosis.
4. *Surgical Management of Phthisis* (Preoperative Considerations—Doctor Hoit; Operative Considerations—Doctor Mattison)—S. J. Mattison, M. D., Professional Building, 65 North Madison Avenue, Pasadena, and Henry A. Hoit, M. D., La Vina, California.  
Discussion opened by Leo Eloesser, M. D.  
Preoperative considerations: In the management of phthisis, surgery may produce in suitable cases,



irrespective of the cooperation of the patient, what prolonged bed rest might not accomplish, namely, conditions favorable for localization and healing—relaxation of pulmonary tissue, collapse of cavities, surgical cleanliness, local functional lung rest, economic recovery, and comparative efficiency.

Operative considerations: In surgical management of phthisis vital operative considerations are: individuality and physical state. Advisable considerations are age, nutrition, social position, location and character of lesion, condition of blood, temperature, pulse, blood pressure, digestive and genitourinary tract. Technical considerations are preparation, instruments, position, anesthesia, manner of procedure, wound-treatment, no manual compression.

5. *Medical Aspects of Thoracoplasty—Selection of Cases—Some Experiences of a General Surgeon in Surgery of Pulmonary Tuberculosis*—Amos D. Ellsworth, M. D., 502 Rowell Building, Fresno, and John H. Pettis, M. D., 902 Mattei Building, Fresno.

Discussion opened by Louis D. Remington, M. D., Monrovia, California.

In unilateral tuberculosis where pneumothorax is impossible, thoracoplasty offers much to otherwise hopeless cases. Danger of operation and pain being insignificant compared with the disease, it deserves to be considered better than a last resort.—A. D. Ellsworth.

Thirty thousand cases in the United States in which surgical treatment is indicated. If these cases are to receive proper treatment general surgeon must concern himself with problem. Cases chosen by tuberculosis specialist in consultation with roentgenologist and surgeon. Local anesthesia found satisfactory. Technique of operation not too difficult to be mastered by general surgeon.—J. H. Pettis.

## INDUSTRIAL MEDICINE AND SURGERY SECTION

CLARENCE E. REES, M. D., Chairman  
415 Elm Street, San Diego

JOHN D. GILLIS, M. D., Secretary  
Detwiler Building, 412 West Sixth Street, Los Angeles  
Auditorium Pacific Mutual Building  
523 West Sixth Street

Wednesday, April 27, 2:30 p. m.

1. *Head Injuries Industrially Considered*—Carl Rand, M. D., 1034 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

Impressions gained from neurological examination of industrial cases that have sustained head injuries. Differences in reactions of industrial cases from those which have no insurance angle. Difficulty in evaluating dizziness as a disabling symptom. Remarks regarding general management of cases.

2. *Sickness Versus Accidents: A Medical Problem in Industrial Economics*—C. O. Sappington, M. D., 602 Hutchinson Building, 1706 Broadway, Oakland.

The present status in industrial medicine. The influence of compensation laws and insurance companies. Emphasis placed on the care of injuries. The experience of various large groups. Sickness the chief cause of absenteeism. Sickness more costly than accidents. Sickness versus accidents in insurance companies. Statement of the problem. Future possibilities. Summary. (Lantern slides.)

3. *Surgical Aspects of Chest Injuries*—Charles D. Lockwood, M. D., 605 Professional Building, 65 North Madison Avenue, Pasadena.

Experience gained regarding chest injuries during the World War not applied with sufficient courage and understanding to same in civil life.

In serious chest injuries with hemorrhage, dyspnea

and lung collapse, of greatest importance to thoroughly expose traumatized organs and treat them under direct inspection.

Most serious complication of chest injuries is opened pneumothorax or sucking wound. Such wounds should be immediately closed, if necessary, with plugging with moist gauze or other protective material until operative measures can be employed.

Methods of exposure and operative procedures in chest injuries.

4. *Industrial Medicine*—L. P. Howe, M. D., Standard Oil Building, 225 Bush Street, San Francisco.

Value of physical examinations and annual examinations of employees. Relation between personnel and medical departments. Tuberculosis in industry. A few general observations in relation to medical work in industry.

## NEUROPSYCHIATRY SECTION

NATHANIEL H. BRUSH, M. D., Chairman  
193 Micheltorena Street, Santa Barbara

EDWARD W. TWITCHELL, M. D., Secretary  
412 Medical Building, 909 Hyde Street,  
San Francisco

### FIRST MEETING

Auditorium Building

Wednesday, April 27, 2:30 p. m.

1. *Chairman's Address*—Nathaniel H. Brush, M. D., Santa Barbara.

2. *Pathology in Huntington's Chorea*—W. F. Schaller, M. D., 608 Medical Building, 909 Hyde Street, San Francisco.

Modern conceptions of pathology and mechanism. Report of three personal cases. Analysis by motion pictures. Necropsy findings and serial brain sections.

3. *Psychiatry and University Men*—S. K. Smith, M. D., Strad Building, 230 Grand Avenue, Oakland.

This survey of psychiatric material seen at the University of California Infirmary over a period of three years, includes three hundred men students. An attempt is made to cover the following points: (a) An introductory idea of the development of mental hygiene services in various colleges and universities. (b) Arguments for and against the association of a psychiatric service with the student health service. (c) A consideration of types of cases encountered together with modes of handling cases. (d) A correlation of various findings such as physical, participation in university activities, etc., with psychiatric findings. (e) Recommendations for the carrying out of an adequate mental hygiene program in universities.

4. *Certain Biological Phases of Chronic Infections of the Nervous System*—J. Ross Moore, M. D., Brockman Building, 520 West Seventh Street, Los Angeles.

A philosophizing fragment in which certain known biological and psychological facts are rearranged and correlated, the idea being to develop a sequence of physiological events which may provide a proper organic basis for impressions, ideas, thoughts, conclusions and all human functional activities.

5. *Unusual (Problem) Children Analyzed*—V. H. Podstata, M. D., Livermore, California.

Analysis of physical and mental etiologic factors in three problem cases. The physical make-ups and the reaction types. The influence, direct and indirect, of acquired physical inferiorities upon development of personality. The influence of early environment. The prognosis. The preventive and curative measures.

6. *A Mental Hygiene Program for the State of California*—Aaron J. Rosanoff, M.D., 716 Westlake Professional Building, 2007 Wilshire Boulevard, Los Angeles.

A complete mental hygiene program can be organized and carried out only by a state government. California holds a comparatively high rank in the field of mental hygiene, but neither this state nor any other state has as yet attained a complete mental hygiene program.

Past experience has shown that the initiative in this matter must apparently originate from private sources. This consideration has led to the establishment of the Southern California Society for Mental Hygiene. The object of this contribution is not only to outline a mental hygiene program for this state, but also to enlist the interest and cooperation of physicians in the northern part of the state in the activities of the mental hygiene society.

## OBSTETRICS AND GYNECOLOGY SECTION

LYLE G. McNEILE, M.D., Chairman

1021 Pacific Mutual Building, 523 West Sixth Street  
Los Angeles

HENRY N. SHAW, M.D., Secretary

901 Pacific Mutual Building, 523 West Sixth Street  
Los Angeles

### FIRST MEETING

Ballroom, Biltmore Hotel

Monday, April 25, 2:30 p. m.

1. *Chairman's Address: Contraception*—Lyle G. McNeile, M.D., 1021 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

This is essentially an obstetrical problem, but the principal discussion of it has been conducted by laymen along theological, ethical, economic, and social lines. From the physician's standpoint many physical conditions may form definite indications for the prevention of conception, but the problem is very broad, and often economic and social questions must be considered in their bearing upon the medical problem. There are certain legal restrictions placed upon the furnishing of such information by state and federal governments which should be understood. The medical profession is not yet cognizant of any guaranteed contraceptive. Relative values of various methods of contraception, based upon the medical literature, and upon reports of various "birth control" clinics in the United States and abroad, are considered.

2. *The Use of Radium in Gynecology and the Cooperation of Endotherapy in Treating Malignancy*—Howard A. Kelly, M.D., Baltimore, Maryland. (By invitation.)

Discussion opened by Albert Soiland, M.D., and Frank Lynch, M.D.

3. *Rôle of Fruits, Vegetables, and Milk in the Prevention of Disease*—W. D. Sansum, M.D., Cottage Hospital, Santa Barbara.

Discussion opened by Titian Coffey, M.D.

There are certain fundamental principles which apply to all diets. These will be briefly outlined, giving particular stress to those commonly violated, such as the need for amply carbohydrate; the limitation of fat; and the need for adequate amounts of protein and calcium compounds in the diet of the lactating mother.

4. *Gynecological Fallacies*—John A. Sperry, M.D., 903 Medico-Dental Building, 490 Post Street, San Francisco.

Discussion opened by W. J. Woolston, M.D.

Physician's duty: To save life. To relieve suffering and add to the sum of human happiness. Many gynecological procedures fail to attain these ends. Many of them have obverse effects. Abuse of curettage. Uterine malpositions. Tampons. Chronic urethritis. Resection of cystic ovaries. Ulcer of the cervix. Harmless birth injuries. Harmless myomata. One slide diagnosis of chronic gonorrhea. Abuse of radium and x-ray. Mishandled dyspaerurnia.

### SECOND MEETING

Ballroom, Biltmore Hotel

Tuesday, April 26, 2:30 p. m.

1. *Fibromyomata of the Uterus*—Frank W. Lynch, M.D., University of California Hospital, Fourth Avenue and Parnassus Street, San Francisco.

Discussion opened by P. S. Doane, M.D.

A study of 550 uterine fibroids. The cases are classified according to age, location, and growth. Degeneration and complications are classified as whether they are pelvic or general. Treatment and results.

2. *The Environment During Pregnancy*—J. Morris Slemons, M.D., 819 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

Discussion opened by Henry A. Stephenson, M.D.

When life was simpler, perhaps, pregnancy required fewer changes in the routine life of the prospective mother. Many of the factors in modern life, like the automobile, call for specific advice. The high tension under which many of us live may react upon women in a way that demands a long period of enforced rest for the protection of pregnancy. The doctrine of maternal impressions, of course, has no foundation.

3. *Comparative Incidence of Pelvic Pathology*—Homer C. Seaver, M.D., 604 Medical Office Building, 1134 West Sixth Street, Los Angeles.

Discussion opened by L. A. Emge, M.D., and Phil Boller, M.D.

An attempt will be made to present the relative incidence of pelvic pathology, the frequency of what may be termed associated pathology, and various practical points of interest derived from a study of this subject from an analysis of one thousand abdominal, gynecological operations done at the Los Angeles General Hospital.

4. *Urological Complications in Pregnancy*—John K. Ormond, M.D., Ford Hospital, Detroit, Michigan. (By invitation.)

Discussion opened by Leon Watkins, M.D.

## PATHOLOGY AND BACTERIOLOGY SECTION

A. M. MOODY, M.D., Chairman

St. Francis Hospital, Bush and Hyde Streets  
San Francisco

ROY W. HAMMACK, M.D., Secretary

1003 Pacific Mutual Building, 523 West Sixth Street  
Los Angeles

Room 7, Hotel Biltmore

Thursday, April 28, 2:30 p. m.

1. *The Icterus Index and the Van Den Bergh Test*—Gabriel Segall, M.D., 609 Brockman Building, 520 West Seventh Street, Los Angeles, and M. C. Terry, M.D., Consolidated Realty Building, 607 South Hill Street, Los Angeles.

The authors discuss recently devised tests for the recognition and quantitative estimation of bilirubin in blood serum and report thirty-five clinical cases in which they made use of the tests mentioned in the title. While both are found useful, the Van Den Bergh is shown to be the more reliable and informative.

2. *Some Considerations of Physical States in Diabetes*—Dwight M. Ervin, M.D., 201 Medical Building, 909 Hyde Street, San Francisco.

The cell is here considered as a system in which there are two fundamental ideas. First, energy is stored in the form of structure, and, second, it is the state of that structure which permits the transformation of the stored energy into work.

The condition or state of the cell structure as an emulsion is the fundamental idea of this system to do work, and in the absence of glycogen this state is missing.

Experimental data in proof of the above deductions when applied to diabetes will be presented.

3. *The Effects of Lead Upon Normal and Malignant Tissues*—F. R. Nuzum, M.D., Cottage Hospital, Santa Barbara; Richard D. Evans, M.D.; H. J. Ullmann, M.D., 22 West Micheltorena Street, Santa Barbara.

Blair Bell has reported 22 per cent arrests of growth for one to five years in hopelessly advanced carcinoma by treatment with colloidal lead. By its use we have noted liquifaction of tumor tissue at necropsy, as well as a marked anemia and evidence of liver and kidney damage. Charts and photomicrographs will be presented, illustrating these changes. Because of this effect on normal tissues, colloidal trilead phosphate has been lately used with as marked an effect on the tumor, but with little or no effect on the blood or kidney, as determined clinically.

4. *Active Immunity to Diphtheria Without Free Antitoxin in the Blood Stream*—W. H. Kellogg, M.D., 970 Chestnut Street, San Francisco.

As a result of tests by both the Schick and the Kellogg methods, it has been observed that individuals previously immunized with toxin-antitoxin frequently give negative Schicks and positive Kelloggs.

Tests made on individuals reacting in the manner above described have shown that when no antitoxin is present in the blood at the time of applying the Schick test, they give a negative Schick and quickly develop a titratable amount of antitoxin.

The author's conclusion is that a state of latent antitoxic immunity exists in these persons.

5. *Comparison of Kahn Flocculation Test, the Meinicke Precipitation Test, the Kolmer-Wassermann Test, and the Ruediger-Wassermann Test*—E. H. Ruediger, M.D., 918 Taft Building, 1680 North Vine Street, Hollywood.

Parallel Kahn flocculation tests, Meinicke precipitation tests, Kolmer-Wassermann tests, and Ruediger-Wassermann tests were done on the same specimens. The Ruediger-Wassermann test gave the largest number of positive results. As compared with the Ruediger-Wassermann test the Kahn flocculation test missed 27 per cent of the positive results, the Meinicke precipitation test missed 27 per cent of the positive results, and the Kolmer-Wassermann test missed 27 per cent of the positive results. Most of the specimens on which the results disagreed came from cases of treated syphilis.

6. *On Councilmania Lafleuri*—Rawson J. Pickard, M.D., 712 Watts Building, 520 E Street, San Diego.

The writers of textbooks add confusion to the difficulties of diagnosing human parasitic amebae by including the description of councilmania with that of the others. Report of cases tending to show the pathogenic importance of this ameba.

## PEDIATRICS SECTION

ANDREW J. THORNTON, M.D., Chairman  
405 Electric Building, 861 Sixth Street  
San Diego

FRANCIS SCOTT SMYTH, M.D., Secretary  
University of California Hospital  
Fourth Avenue and Parnassus Street  
San Francisco

### FIRST MEETING

Music Room, Biltmore Hotel  
Wednesday, April 27, 2:30 p. m.

1. Chairman's Address: *Progress in Pediatrics*—A. J. Thornton, M.D., 405 Electric Building, San Diego.

Rapid advance of pediatrics in recent years, due to the application of scientific research in biochemistry, nutrition, and bacteriology. Problem of infant feeding more clearly understood now because of the influence of such men as Marriott, McCollum, Gerstenberger, etc. Recent knowledge of contagious diseases has greatly reduced morbidity and mortality from these diseases. Other advances in the field of pediatrics are discussed.

2. *Studies in Rickets*—Henry J. Gerstenberger, M.D., Professor of Pediatrics, Western Reserve Medical School, Cleveland, Ohio. (By invitation.)

Discussion opened by William Palmer Lucas, M.D., and Henry Dietrich, M.D.

3. *Management of Juvenile Diabetes, with Special Reference to Cases under Treatment for Long Periods*—James W. Sherrill, M.D., Scripps Metabolic Clinic, La Jolla.

Discussion opened by Howard West, M.D., and Francis Scott Smyth, M.D.

This paper deals with the management of diabetes mellitus with a final report of sixty-five living children under treatment from one to twelve years.

A comparison is made between the diets of the diabetic child and the normal child, likewise the changes in height and weight. The opportunities for normal existence for the diabetic child are on a par with those of the normal child when carefully supervised diabetic treatment is carried out. Gain and loss of tolerance with various types of diet. Importance of the regulation of body weight of the diabetic child.

4. *Urological Affections in Infants*—Robert V. Day, M.D., 104 Detwiler Building, 412 West Sixth Street, Los Angeles.

Discussion opened by Herman L. Kretschmer, M.D.

1. Importance. 2. Incidence. 3. Criteria for guidance in the determination of what cases to subject to major, or even minor, urologic examination. 4. Some of the urologic affections of the child; pyelitis, calculus disease, enuresis, renal tuberculosis and various obstructive conditions as congenital valves in the posterior urethra, stenosis of the urethra or ureter, diverticulum, etc. 5. Technical methods of examination and diagnosis, and a brief discussion of modern children's cystoscopes. 6. Case reports.

5. *Perifocal Infiltrations in Juvenile Tuberculosis*—Ernst Wolff, M.D., Physicians Building, 516 Sutter Street, San Francisco.

Perifocal infiltrations are reparable inflammatory processes around tuberculous foci in lung tissue and glands caused by the toxins of the Koch bacillus. The literature is reviewed regarding clinical and pathological signs and the question of differential diagnosis from nontuberculous processes. The histories of two children who show pathological changes belonging to the secondary stage of tuberculosis after the classification of Raute are discussed in which the diagnosis perifocal infiltration was made and in which the processes cleared up.



## SECOND MEETING

Clinic at Anita Baldwin Hospital for Children

Thursday, April 28, 2 p. m.

Directions for reaching Anita Baldwin Hospital: Walk two blocks south on Olive Street to Seventh Street, and take "J" car going west. Get off at Fourteenth Street in front of the hospital.

1. *Presentation of Cases*—Alfred J. Scott, Jr., M. D., 900 California Medical Building, 1401 South Hope Street, Los Angeles.

The rheumatic heart of school children through various stages of disease, as affecting the heart muscle is discussed. Demonstration of cases.

2. *Prognosis of Heart Disease in Children*—Alfred Washburn, M. D., University of California Hospital, Fourth Avenue and Parnassus Street, San Francisco.

The importance of prognosis—the inadequacy of our knowledge. The prognosis is influenced by early diagnosis, foci of infection and recurrent rheumatism as well as by our ability to determine the extent of the damage done. Treatment, including supervised rest and exercises, medication and morale, not only alters the prognosis, but offers many opportunities for gaining greater insight into the prognosis.

## RADIOLOGY SECTION

JOHN W. CROSSAN, M. D., Chairman

522 Westlake Professional Building

2007 Wilshire Boulevard, Los Angeles

ROBERT FRANCIS KILE, M. D., Secretary

Stanford University Hospital, San Francisco

## FIRST MEETING

Auditorium Building

Monday, April 25, 2:30 p. m.

1. *Secondary Radiation*—Professor Watson (California School of Technology), Los Angeles.

2. *Cholecystography*—R. G. Van Nuys, M. D., 434 Oakland Bank Building, Broadway at Twelfth Street, Oakland.

Literature of 1926 reviewed. Paper written not because of large number of cases followed through to operation, but to encourage roentgenologists outside the large clinics to use the intravenous method. This need not be a hospital procedure. Contentions are made that the smaller laboratories have more time and can better use intravenous method than the larger clinics. It is suggested that some observations may be made that are overlooked by the larger clinics. The choice of method should often be left to the roentgenologist. To bring about the finer aspects of diagnoses, more work must be done in establishing the normal. The test is in its infancy and progress can be looked for yet, so that the surgeon can rely upon the examination more fully than he can upon inspection and palpation at operation.

3. *Comparative Value of Gastrointestinal Series and Cholecystography in Diagnosis of Gall Bladder Disease*—John D. Lawson, M. D., Woodland.

Previous to the advent of the work of Graham, Cole, and Copher the diagnosis of cholelithiasis was entirely dependent on so-called secondary findings which were either organic or functional signs produced by gall bladder disease. The work of Law, Cole, George, Burnham, and others stressed very greatly the value of so-called secondary findings, while Carman, Moore, and others disputed the value of these findings. Following the advent of cholecystography we have had an impetus added to the radiological study of the right upper quadrant,

resulting in many varied statements as to the criteria of diagnosis and the value of diagnosis. In the opinion of the writer both methods of investigation are valuable and have their place in diagnosis. The report is based on a series of 500 gastrointestinal examinations by barium meal and 100 examinations of the gall bladder by cholecystography.

Discussion on above two papers opened by Charles G. Sutherland, M. D., Mayo Clinic, Rochester, Minn.

4. *Valuable Aid in the X-Ray Diagnosis of Intestinal Obstruction*—Kenneth S. Davis, M. D., St. Vincent's Hospital, Los Angeles.

Discussion opened by Harry H. Heylum, M. D., Long Beach.

When the slides are shown, the value of a "scout" roentgenogram in determining the site of obstruction can easily be seen. Unfortunately, as has already been stated, the procedure is valueless unless the obstruction is complete, for we do not find the markedly dilated intestine ballooned out with gas in those cases in which there is only a partial obstruction. In two of the cases in my series, the "scout" roentgenogram was negative, but the motor meal series showed an obstructive lesion in the small bowel. Cases of obstruction in very young infants apparently cannot be diagnosed by this method. There has only been one such case in my series, the roentgenographic findings being indeterminate for the site of the obstruction. Fortunately in this case the barium enema revealed the nature of the lesion—an atresia of the colon.

5. *Diagnosis of Tuberculous Cavities*—Merl L. Pindell, M. D., Olive View Sanatorium, San Fernando.

Discussion opened by Carl H. Parker, M. D., Pasadena.

1. All sizes of cavities, irrespective of their location, are usually diagnosed promptly by the roentgen ray. 2. Cavities heal more frequently than we formerly thought. 3. Annular shadows demonstrated on films of tuberculous patients are practically always due to cavitation, therefore all annular shadows present on such films should be considered cavities until proven otherwise.

## SECOND MEETING

Auditorium Building

Tuesday, April 26, 2:30 p. m.

1. — Charles G. Sutherland, M. D., (Mayo Clinic), Rochester, Minnesota.

2. *A Closer Relation Between the Surgeon and Roentgenologist*—J. C. Robertson, M. D., 1003 Twelfth Street, Modesto.

Discussion opened by William T. Lum, M. D., Alameda.

An x-ray picture so called is not a picture, but a shadow. A shadow is proof merely of outstanding density of elemental substances. These shadows are formed by substances through which the rays do not penetrate entirely. To the roentgenologist they may mean a pathological condition, but he cannot visualize tissue as it is macroscopically. To the surgeon he is on the opposite side: He can visualize tissue not mal and pathological, but must have first-hand knowledge by the guiding hand of the roentgenologist to know the extent of disease by a mere shadow.

3. *Sphenoid Pathology from the Roentgenologist Standpoint*—D. Grant Clark, M. D., 1520 Chapala Street, and H. J. Ullmann, M. D., 22 Micheltorena Street, Santa Barbara.

Discussion opened by Robert A. Powers, M. D., Palo Alto.

Sinus infection is a frequent source of focal infection in cases of systemic disturbance. We believe the sphenoidal sinuses are commonly involved with or without changes in the other sinuses, and that by the Granger technique the sphenoidal changes may be very accurately demonstrated by the roentgen ray.

4. *Ossifying Hematoma* (An Illustrative Case)—James B. Bullitt, M. D., Garden City Bank Building, San Jose.

Discussion opened by R. G. Taylor, M. D., Los Angeles.

The case: A high school boy of 18 received a heavy blow (probably a kick) on inner side of femur just above condyle. Pain and swelling immediately, followed by hard bonylike tumor in one month's time. Tumor movable, partly fixed, as though hinged. X-ray showed bony tumor mass, of irregular density, lying in soft tissues in inner side of femur, and attached to femur for distance of two inches. Surgical removal showed irregular bony mass lying in soft tissues and attached to inner border of femur. Myositis ossificans circumscripta, rider's bone, ossifying hematoma—related processes; the latter found almost exclusively in athletes following a single violent trauma. Theories of production of myositis ossificans circumscripta—the formation of bone in general in soft tissues not directly derived from bone or periosteum.

Limitations of ordinary roentgen studies of the heart (roentgenogram, orthodiagram, teleroentgenogram). For exact diagnosis of valvular lesions we need information concerning volume changes in the various chambers of the heart. Practical skiagraphy, the graphic analysis of movements of heart borders, has been made possible by the roentgen cinematograph of Ruggles.

5. *X-Ray Studies of the Heart Beat*—W. Edward Chamberlain, M. D., Stanford University Hospital, Clay and Webster streets, San Francisco.

#### THIRD MEETING

Auditorium Building

Wednesday, April 27, 2:30 p. m.

1. *Radiation Therapy in Hyperthyroidism*—William E. Costolow, M. D., 1407 South Hope Street, Los Angeles.

Discussion opened by John W. Crossan, Los Angeles.

The success of radiation therapy in thyroid disease depends upon the proper selection of cases. Nontoxic goiters and toxic adenomata should be treated surgically. The so-called exophthalmic type (hyperthyroidism) should receive radiation therapy. The consistent reports from clinics throughout the world prove the results in these cases to be as good as the best surgical results and without mortality.

2. *Lymphoblastoma*—Harold B. Thompson, M. D., Seattle, Washington.

Discussion opened by W. Edward Chamberlain, M. D., San Francisco.

Review of literature relative to frequency and unusual manifestations. Deductions from author's series of twenty-four cases. Conservative radiation therapy compared to extensive surgical procedures. Case reports showing unusual distribution of lesions in lymphosarcoma and unusual reaction to x-ray therapy in Hodgkin's disease. Conclusions.

3. *Bone Tumors*—William B. Bowman, M. D., Brockman Building, 520 West Seventh Street, Los Angeles, and Lowell S. Goin, M. D., 400 South Kenmore Avenue, Los Angeles.

Discussion opened by Lloyd Bryan, M. D., San Francisco.

1. Origin of the tumor. 2. Presence or absence of bone production. 3. Condition of the cortex. 4. Invasion of adjacent tissues.

#### UROLOGY SECTION

H. A. ROSENKRANZ, M. D., Chairman

1024 W. P. Story Building, 610 South Broadway  
Los Angeles

SPENCE DE PUY, M. D., Secretary  
532 Fifteenth Street, Oakland.

#### FIRST MEETING

Auditorium Building

Monday, April 25, 2:30 p. m.

1. Chairman's Address: *Some Remarks on the Art and Science of Urology*—H. A. Rosenkranz, M. D., 1024

W. P. Story Building, 610 South Broadway, Los Angeles.

2. *Hemangioma of the Prostate*—Francis H. Redewill, M. D., Flood Building, San Francisco.

First reported case of this unusual condition. Microscopic pathology. Treatment unsatisfactory.

3. *The Surgical Prostate*—Louis Clive Jacobs, M. D., 462 Flood Building, 870 Market Street, San Francisco.

Surgical complications manifested in a review of 250 consecutive cases.

1. Postoperative hemorrhage: the prophylaxis against, blood examination, pharmacal and mechanical methods of prevention. Use of coagulating media. 2. Fistula: etiology, clinical course, treatment. 3. Epididymitis: incidence and treatment.

4. *Aberrant Renal Artery*—Franklin Farman, M. D., 709 California Medical Building, 1401 South Hope Street, Los Angeles.

A general discussion of the anomalies of the renal vessels, with report of one interesting case.

Discussion opened by Adolph A. Kutzmann, M. D., 403 Professional Building, 1052 West Sixth Street, Los Angeles.

#### SECOND MEETING

Auditorium Building

Tuesday, April 26, 2:30 p. m.

1. *Phleboliths*—James R. Dillon, M. D., 301 Medico-Dental Building, 490 Post Street, San Francisco.

A review of the x-ray films in the Stanford Hospital x-ray laboratory showing phleboliths, with a study of their relationship to urinary tract disease, from the complaint, history, symptoms, and examination of the patient. Literature and conclusions.

2. *Infection of the Prostate and Seminal Vesicles and Its Relation to Backache*—Miley B. Wesson, M. D., 1275 Flood Building, 870 Market Street, San Francisco.

Discussion opened by Thomas Stoddard, M. D.

Backache of interest to all who employ labor, as it is responsible for keeping up liability insurance premiums. Bony changes that have taken place in the spine cannot be repaired, but if the focus of infection responsible for the arthritis can be eradicated the pain will disappear, and the man can be put back to work. Urological investigation of large series of cases with low-back pains disclosed an infection in the genitourinary tract, and as soon as free drainage of the infection was established the backache disappeared.

3. *Unusual Urinary Calculi*—William E. Stevens, M. D., Flood Building, 870 Market Street, San Francisco.

The subject of urinary calculi has always been of interest to the physician. Report of an enormous coraliform calculus of the kidney without subjective symptoms. A case of bilateral giant ureteral calculi. False and true prostatic calculi. Multiple ureteral calculi. Calculi in the female urethra.

4. *Tumors of Bladder*—J. C. Negley, M. D., 819 Haas Building, 219 West Seventh Street, Los Angeles.

Resumé of cases treated by various methods at Los Angeles General Hospital. Value of different methods of treatment as resection, Percy cautery, surgical diathermy or fulguration, x-ray and radium.

#### THIRD MEETING

Auditorium Building

Thursday, April 28, 2:30 p. m.

1. *The Cause of Renal Back Pressure in Obstructive Lesions of the Urethra*—Henry A. R. Kreutzmann, M. D., 1195 Bush Street, San Francisco.

1. Hydroureter and hydronephrosis may occur as result of kinking of ureters by vas deferens. 2. Obstructive lesions of bladder neck most common cause upper urinary tract dilatation. 3. Reflex not uncommon and not a primary phenomenon of prostatic hypertrophy and ureteral stricture.

2. *Renal Surgery: Its Pitfalls and Complications*—Charles P. Mathé, M.D., 844 Phelan Building, 760 Market Street, San Francisco.

Study of following complications for the purpose of preventing them and lowering the mortality. Shock, hemorrhage, phlebitis, embolus, fistulae, infection of renal fossa, uremia, anuria, myocardial complications, peritonitis and pneumonia.

3. *Jaundice Caused by Movable Kidney*—Albert J. Scholl, M.D., 721 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

Transient attacks of jaundice may be caused by movable kidneys. They are probably dependent upon the dragging of folds of peritoneum on the

duodenum or common bile ducts, direct pressure on the biliary system or from a perinephritis which involves liver and ducts.

4. *Ourselves*—G. Shearman Peterkin, M.D., 1102 Cobb Building, Seattle, Washington.

A thesis the subject of which is, "Are we scientists who, as producers of scientific knowledge in the form of skilled intelligence, are selling our knowledge to the buying public; or, are we simply members of a profession who, still hypnotized by iron-bound customs and moss-covered traditions of the past, believe we are superior to our fellow-man, therefore they should accept that which we see fit to dispense?"

## Entertainment

### Motion Picture Program

Auditorium, Pacific Mutual Building

Monday and Wednesday Evenings, 7:30 p. m.

"Life of Pasteur." Six reels dealing with the life and discoveries of this noted scientist. This film is the gift of the French Government to the United States Department of Agriculture and loaned to us for use at this meeting.

"Pathology and Classification of Gastric Ulcer" and "Pulmonary Tuberculosis," two films by Lewis Gregory Cole of New York City dealing with the above subjects from the standpoint of physicians, surgeons, pathologists and roentgenologists. These films are said to be some of the best motion pictures made.

"New Ways for Old," a treatise on the prevention of diphtheria, depicting developments in the care of diphtheria that are typical of the progress of medicine. "One Scar or Many," the story of vaccination prepared under the supervision of Dr. M. J. Rosenau, Professor of Preventive Medicine at Harvard University. Both of the above films loaned to us by the Metropolitan Life Insurance Company.

"Interstate Postgraduate European Assemblies of 1926" illustrates this method of postgraduate study. The 1926 tour included clinics at Paris, Rome, Milan, Padua, Pisa, Bologna, Florence, Zurich, Berne, Munich, Vienna, Prague, Berlin, Amsterdam, Leyden, Utrecht, the Hague, and Brussels. The following Californians accompanied this tour. Dr. Newell H. Bullock, San Jose; Dr. Ruby L. Cunningham, Berkeley; Dr. Rubie M. Durgin, Berkeley; Dr. T. B. W. Leland, San Francisco; Dr. Clarence E. Reed, Redding; Dr. F. E. Sohler, Healdsburg; Dr. Henry Snure, Los Angeles.

"Posture," a two-reel picture made under the supervision of Dr. Armin Klein at the posture clinic of the Massachusetts General Hospital. A film intended for physicians, physical education teachers, athletic directors, recreation leaders, etc. This film loaned to us by the Children's Bureau of the United States Department of Labor. Their latest release, "Sun Babies," will also be forwarded to us if completed in time for the meeting.

"The Science of Life," one of the most expensive scientific films ever produced and used often by the American Medical Association. Produced under the direction of the

Surgeon-General, United States Public Health Service. The most advanced knowledge, skill and equipment have been used unsparingly in its production with outstanding success. As an instructional motion picture it establishes a new high standard of achievement. As a contribution to general health education it is incomparably valuable. Don't miss this one, a *whole medical meeting in itself*.

These films will be shown in two evening sessions, approximately three hours each, by Henry Snure, M.D., Los Angeles. Program will begin promptly at 7:30 p. m. No discussion permitted. Ladies welcome.

### Entertainment Features

The annual banquet will be given in the ballroom of the Hotel Biltmore on Thursday evening of the convention week, and it is hoped will bring the days of the scientific program and sightseeing activity to a charming close.

This banquet will be not so much a formal dinner, as a supper dance. Members who were present at the last Los Angeles meeting will remember the jolly atmosphere of the informal entertainment and dancing. We hope the 1927 dinner dance will be even more pleasing.

There will be no speeches, but it is hoped to have as many as possible of the living ex-presidents of the California Medical Association at President McArthur's table.

Visiting members will be given the first preference for tables and seats; they should sign the application book and secure seats not later than 6 p. m., Tuesday. On Wednesday morning the sale of tables and seats for Los Angeles city members will begin. Los Angeles City members can, however, pay for their reservations on Monday and Tuesday and secure their tickets on Wednesday and Thursday.

It is planned to have several auto trips, and arrangements will be made to visit one or more of the movie studios.

The time and place of fraternity and college alumni banquets will be announced on the bulletin boards and in the daily convention bulletin.

## Women's Reception Committee

### Executive Group

Mrs. WILLIAM T. McARTHUR, Chairman

Mrs. Robert V. Day  
Mrs. William Duffield  
Mrs. Donald J. Frick  
Mrs. Hill Hastings

Mrs. William H. Kiger  
Mrs. George H. Kress  
Mrs. Theodore C. Lyster  
Mrs. Peter R. McArthur  
Mrs. Robert P. McReynolds

Dr. J. Margaret Roberts  
Dr. Eleanor Seymour  
Mrs. Harlan Shoemaker  
Mrs. Clarence G. Toland